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## ORIGINAL ARTICLES.

### THE SIGNIFICANCE OF A RECONSTRUCTED MATERIA MEDICA.\*

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"Surely every remedy is an innovation, and he that will not apply new remedies must expect new evils."—LORD BACON.

I BELIEVE it is now generally known that a close and critical study of the homœopathic materia medica shows that a large percentage of the symptoms to be found in the text-books of to-day, are derived from isolated experimenters, and are either imaginary, the manifestations of the average normal health-symptoms of the prover, or they are the result of clinical observations. They render the materia medica unsound, and give our enemies proper grounds for adverse criticism and even wholesome ridicule.

Effort is being made in several directions to correct these defects by eliminating all adventitious material from the materia medica. The method by which such praiseworthy work is being accomplished, does not here concern us; it is merely the fact that such an effort is being made, that gives us hope for a brighter future for the recognition of the establishment of scientific homœopathy.

Science demands that this reform be not abandoned in its incipency, but that it be promoted in the full knowledge of its arduousness, its tedium, and of its important relations to homœopathy and to medicine generally.

As already stated, much of our materia medica has its foundation in theoretic presumption; it is largely inferential, and all the postulated homœopathic therapeutic indications can not be pathogenetically verified. This is not only the case with detailed symptomatology, but it is true of generalized drug effects, of the general sphere of action of drugs. Many of the so-called "therapeutic indications" that are growing hazy with corroborated experiences, may be good, they may depend upon some curative relation that the given drug holds to the given pathological condition, but this relation is not necessarily homœopathic; it may be antipathic, it may be allœopathic, or it may depend upon some law, some coördinated relation between cause and effect, yet unknown;

some vast underlying influence that now and then crops up to refute our petty assumptions, to shake our confidence in the fallibility of man, and up to an understanding of which we have not yet grown.

Have we reached the *ne plus ultra*, the *ultima thule*, and attained the *summum bonum*? Is there nothing beyond? Has the man of drugs nothing more to learn, can he go no farther? Mingled closely with the preponderating charity of the nineteenth century is a rampant pharisaism, but its most precious egotism has not yet reached the vanishing point on the horizon of the infinite. The degree of stasis which threatens a return to chaos is still *beyond* this point. Hope has not yet escaped from Pandora's box, the bow of promise is still projected upon the stormy sky, and its span has not yet been measured. Though the Universe may have a center, its periphery has not been discovered. Man's work is not complete, there are some problems yet to be solved; his limitations, like his possibilities, are unknown, and while this is true we will have progress.

Man is the greatest study of man; man in his relations to anything, to everything. In his normal relations; that concerns the ethnologist, the biologist, the tradesman, the political economist, the cook, the anatomist. In his morbid relations; that concerns chiefly ethology and his physician. The physician has to do with medicine, and medicine has to do with many theories. Of all these theories, we claim homœopathy to be the most scientific, the most accurate, but is it the ultimatum? If it is, then the ultimatum needs culture, development. It must be stimulated here, depressed there, pruned here, and grafted there. In science a terminus is rare, all facts are but stepping stones to other facts. Homœopathy is like the Semitic Joseph, abused by both friends and enemies; because Joseph's mission and the import of homœopathy were neither understood. The study of the latter has been neglected by the initiates of science, and it is now time to call a halt, to reckon up our forces, to see where we stand, to examine what has been done and what should be done.

This work of reconstructing the materia medica is not a matter of taste, it is a necessity; it is a demand that science makes upon the believers in homœopathy, to come to the fore and sustain the claims so long made that *similia similibus curantur* phrases the expression of a law of nature. The movement is simply the outcome of a higher

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standard of general education among thinkers, which has raised them to an intellectual plane from whence a wider area of the vast fields of science is opened.

In all the branches of science the fiat has gone forth, that all things demonstrable must be demonstrated, must be submitted to the cold light of expert criticism before they can be catalogued with facts, with the truths of science, with correct knowledge; and the undemonstrable must be held *sub judice*, or placed with other metaphysical problems. So forcible are the claims of homœopathy, that we who believe the theory to have a foundation in truth, can not longer expect to avert the attention of skilled thinkers. Nor would we if we could; and we believe this echoes the sentiment of all fair-minded thinkers in our school, and the whines of bigots matters little before the march of scientific progress. If we are standing on demonstrably solid ground we wish to prove it; if we are not, we also wish to prove it, and to find what is really the nature of the underlying law or principle that has for so long given a coloring of apparent truth to claims originally made by Hahnemann.

Perfection in medicine will never be attained. There will always be theory and hypothesis that live but to be substituted by their congenerous successors. The so-called "science of therapeutics" is at best only approximate, and the best the students of science can do is to get rid of the superstition of subjectivity and approach a little nearer the truth at each step. This is what progress means, what this work means. Never can human intellect attain perfection, for infallible prescience is ever a vanishing point on the horizon of human limitations.

As all students of pathogenesis are aware, an exhaustive and truth-giving examination of the homœopathic materia medica has never yet been made, for several reasons; the chief among which is the past lack of pathogenic experts, and the discouraging fact that there is no such thing as even an approximately perfect proving. The almost universal ignorance in the profession on the subject of general practical psychology, and its specific subdivision the study of the reliability of human testimony (or more correctly, the unreliability), the import of which latter is but slightly appreciated, is accountable for the absence of pathogenic experts; and the lack of perfect drug tests is also due to this same cause, a few details of which may be noted: first, few experimenters have kept full and correct preliminary health-records, second, few experimenters are perfectly healthy, and third, there are few experimenters who do not habitually use a drug or drugs of some kind, *e. g.*, coffee, tea, tobacco, spices, etc. In consequence, if no health-record is kept an intelligent proving can not be made, for the simple reason that if the normal condition is not known

it is impossible to note deviations therefrom; also, a prover whose functions are not physically perfect can make no intelligent record of deviations from a normal standard of health; and finally, provers who habitually use a drug of any kind, record a mixture of symptoms of the habitually used drug and of the one under test. It is possible for the experimenter to keep a strict health-record, and it is also possible for him to totally abstain from drugs, but it is questionable if a perfectly healthy man exists, at least he is extremely rare, and although the future possibility may exist of constructing from the records of experimenters in average good health, an approximately perfect proving, yet nothing of the kind has been done in the past.

I fancy I can hear some zealous opponent say, "Forsooth, this is pure iconoclasm, and if consistently applied would break down the time honored traditions established beyond peradventure by our Master."

Possibly; for it must be remembered that the true student of science is simply a truth seeker, and as Sir William Hamilton says, "Of what account are the most venerated opinions, if they be untrue? At best they are only venerable delusions."

It is true that this new gospel of reconstruction is redolent of iconoclasm, and iconoclasm most impartial and scathing; iconoclasm that will raze to the earth every idol of mere opinion however venerable. But that is not all; this reign of terror to the superficial homœopathist, with all its apparent pessimism, is but the dark hour before the dawn of a clearer day than students of materia medica have ever known.

"But," say the chronic croakers, "we can see no evidence of progress in all this, we are convinced that nothing can be done to improve the existing materia medica, 'this demand for a more scientific materia medica is but another phase of the endless endeavor of physicians to make the theory of the action of drugs and the theory of disease fit.' We are satisfied with the proofs already offered that homœopathy is a law and we care nothing for a reconstruction."

So be it; but science lays bare more and more truths, exposes more and more fallacies, and so the work of critical examination will continue.

And the result of it all will be what?

Well, the years to come will give the answer in full; but one of the earlier positive results will be a curtailed symptomatology, and a justified sense of greater confidence in the little residuum remaining.

A great bugaboo has been made of this idol-smashing; and so great has been the fear of the weak-hearted, that the tearing-down process has been mistaken for the end, instead of a necessity merely preliminary to the building-up of a solid structure formed only of truths, truths however newly discovered or however antiquated.

As Copernicus was the iconoclast of the fallacies of Ptolemy, so are the workers in the field of materia medica reconstruction the iconoclasts of the present unscientific system of collecting symptoms. When, however, the heliocentric theory of Copernicus had fully and satisfactorily supplanted the older theory, it was and is now no longer considered iconoclastic, but is one of the accepted facts of science. So will it be with the revised symptomatology of the future.

To construct a scientific materia medica has for years been the endeavor of medical men, and many plans have been suggested, but all to no purpose. It is not my intention to enter upon a history of these multitudinous suggestions, further than to call attention to the fact that Hahnemann's theory of the perfect materia medica has not yet been improved, but was years ago endorsed by the worthy Dr. Jonathan Pereira. In his work on materia medica, published in 1846, he writes "that the homœopathists assert with truth, that the study of the effects of medicine in the healthy state is the only way of ascertaining the *pure* or pathogenetic effects of medicines."

I say, that although this theory is practicable and pregnant with good results, yet so far as its full possibilities are concerned, its suggestion has been to no purpose. Many attempts have been made to apply the plan, and it is to these efforts that much of the knowledge of practical, demonstrable homœopathy is due, but Hahnemann's assertion that "it is by investigating the pure effects of medicines in the healthy subject only, that a true materia medica can be framed," has never yet been properly tested.

Up to the present time at least, the work of proving drugs has been of the most desultory character, and—if we be allowed a few rare exceptions—the workers have been utterly unacquainted with scientific methods, and consequently the results are what might be expected, results that indicate untrained minds, totally unfitted for the delicate physiological and psychological experiments of pathogenesis.

That grave omission that mars the bulk of existing pathogenic work, the absence of the preliminary health-record, will not disfigure the thorough work of the future. This flaw can not be too severely criticized, for without the health-record the "personal equation" plays a most disastrous part in pathogenesis.

So obvious was this, that at an early day in the history of homœopathy, Dr. G. O. Piper suggested the preliminary health-record. According to Dr. Dudgeon, "Dr. Piper insists that before commencing to prove medicines, the experimenter should carefully observe himself for a month previously; he should note his daily sensations and carefully register all the abnormalities he observes, and if any of these recur during the period of his experiments, they should not be noted down as

belonging to the medicine. The prover should also carefully attend to the various seasons of the year, and not register as an effect of the medicine any symptoms that were wont to appear spontaneously at any particular season."

I will go even further in making preliminary restrictions, and suggest that no two provers begin a drug test on the same day. It is a well-known fact that atmospheric influences produce more or less effect upon man, and when a number of experimenters begin to test a drug at the same time, they are likely to have certain symptoms in common that are probably due to the condition of the atmosphere. For the purpose, therefore, of eliminating this source of possible false symptomatology, each prover of a group should begin his test on a different day. If this rule is enforced, no two provers are at the same stage of the test on the same day, and hence, the uniformity of relationship between the experimenters and the atmospheric conditions is destroyed.

So great is the importance of the preliminary health-record, that not only on behalf of correct, formulated knowledge, but on behalf of the students of such knowledge, I must *emphasize* the fact that it is an absolutely necessary preliminary to the *scientific* study of drug effects. Without it, no more accurate knowledge can be gained of pathogenesis, than can be known of pathology without a preparatory knowledge of physiology; the proving becomes doubtful, however carefully it may otherwise have been made, and the same degree of confidence can not be entertained for a synthetic symptomatology derived from provings prepared without health-records, that is felt for such work based upon them.

An approximately perfect materia medica can only be obtained in the distant future. In the meantime it is necessary to improve the status of the existing fragmentary materials at our command, that the respect of science for even an incomplete pathogenesis shall be secured. So far as it is possible, therefore, our materia medica must be based upon the relationship of drug effects to pathology, and such a result can be obtained by accepting only the effects of drugs upon the approximately healthy. This task has been accomplished in part in the Cyclopædia of Drug Pathogenesis, and this compilation may, therefore, be used as the foundation for the work of reconstruction. From it may be drawn a synthesized, or composite symptomatology, every detail of which is as purely pathogenic as can be obtained without a thorough reproving of drugs.

The process of synthesizing the whole materia medica is no mean task, but it pales into insignificance when we are brought face to face with its sequel, the construction of a comparative materia medica, which is, after all, the only satisfactory practical materia medica. This comparative work should be done thoroughly. A comparison of all



related drugs should be made, whose general spheres of action are in any degree similar, with a distinct differentiation of all analogous symptoms. This, substantially, will be the character of the materia medica of the future to be realized by the present generation; but it is not the *final* consummation of the great reform, it is merely the initiation of the movement, the perfection of which will rest with our posterity. Sooner or later the wish for a more exhaustive effort will insure the final steps in the construction of the ultimatum, an ultimatum that will dwarf the work already accomplished at that period into mere preliminary efforts, mere practice-work for a stupendous reproof, analysis and synthesis of the whole armament of therapeutics.

And now, for the perfection of this, the first really scientific materia medica, must come the realization of Dr. Dake's idea; a practical, systematized college of provers must be established.

Such an organization may appear to many as a mere fancy, a visionary idea; and so it is now, but when the medical mind is educated up to the necessity for such an institution (and I think this day is approaching rapidly), it will come, and when it comes a practical working system can and will be devised for its government.

Subsequent to the completion of this vast undertaking, will come the development of Dr. John W. Hayward's suggestion\* that the universally accepted materia medica of the future should contain "*a description of the allopathic and antipathic, as well as the homœopathic action of drugs.*" And the form in which such work should be cast has been in part foreshadowed in the work of the Baltimore Medical Investigation Club, viz.:—Added to the five departments, History, Remarks on Proving, General Sphere of Action, Symptomatology, and Therapeutic Application, should be that final and important subdivision of study, the Comparison of Drug Relationships.

As a matter of course, many drugs will be tested before a college of provers becomes an established fact; but in the name of science, let each record of supposable drug effects be made only *after* a preliminary record of the normal health manifestations of the experimenter have all been duly considered and eliminated from the probable effects of the drug tested.

The work incident to materia medica reconstruction will unveil the pretensions of unreasoning advocates of homœopathy, will show how much can really be proved of cause and effect, and of the true relationship of pathogenesis to pathology; and it will favor the broadening of charity in developing common ground upon which the truth seekers of any and of all pathies can fraternize. It will break down sectarian barriers, and allow

the students of materia medica to meet on a common level and work solely and simply for correct demonstrable results.

Suppose the work does not vindicate homœopathy, it will at least do one thing; it will show the strength or the weakness of our foundation, it will suggest a definite basis for future work, and it will give an intelligent incentive for future endeavor. And although the results of this reconstruction may not form the future foundation of a pathy, they will be accepted as a part of the eternal verities upon which a correct knowledge of drug action must be based.

This ultimate materia medica must be constructed from experiments made under strict scientific methods, however distant the day of its completion may be; but in the mean time, the less thorough work of the present, which will be based upon the Cyclopædia of Drug Pathogenesis, must form the foundation for the scientific materia medica of the early future. In this primary work, the relationship between drug effects and therapeutic uses, should be made so obvious that our elder school brethren must perforce respect the claims we make, and may even be convinced of the possibility, or mayhap of the truth contained in the theory called homœopathy.

I have sufficient faith in progressive evolution to believe that the little leaven of desire for scientific accuracy in materia medica, will ultimately pervade the great conservative majority, and that the necessity for a systematically organized institution for testing the pathogenic effects of drugs upon human beings, will then be recognized by all well-trained thinkers of whatever medical creed. In fact, when this day arrives there will be no sect, no promulgation of half truths, and the medical profession will not only recognize the need for such an institution, but a College of Experimenters will become a living, working reality. This practical consummation of Dr. Dake's grand conception will do more to advance the cause of truth in medicine, and obliterate the sectarian curse of medical progress and make one great integer of the medical profession, than innumerable modifications of the moral code, or the most liberal, or the most stringent legislation will ever accomplish; and it will be the initiation of the final great effort that will give to the medical profession the perfected materia medica of the future.

**Diabetic Food.**—An eminent French authority describes a new food stuff for diabetic patients, containing an abundance of nitrogenous substances, and entirely free from starch. It is made from the embryos of corn. M. Danyas, the discoverer of this new bread, has succeeded in isolating the embryo from its farinaceous indosperm, and has also been able to remove from the embryo all oily or other substance calculated to injure its flavor. The product is described as being highly nutritious, easily digested and agreeable to the palate. In many of the Paris hospitals this bread is now used for diabetic patients. — *Cin. Med. Journal.*

\* N. A. J. H., September, 1880, "The Materia Medica of the Future." By John W. Hayward, M. D.



## PRIMARY PERINÆORRHAPHY.\*

BY PROF. SHELDON LEAVITT, M. D., CHICAGO.

WE ARE all subject to the law of mutation: There is change of structure, change of form, change of custom, change of habit, change of opinion and change of practice. Those which a few years ago we regarded as the best methods in medicine and surgery, have fallen into disuse, their places being supplied by others which we trust will prove to be better. Thus the changes go on from one year to another, and one generation to another, ever moving toward perfection in practice, but never reaching it. A few years ago I wrote an article on the subject announced, and published it in the *New England Medical Gazette*, wherein I advocated a method of procedure which differs in some important particulars from that which I am now about to commend. In my work on "Obstetrics," long since out of print, I taught similar ideas to those expressed in the article to which allusion has been made. But time and experience has wrought changes, and I therefore desire it to be understood that the instruction which I shall give you to-day represents my latest opinions and practice.

I design at this time to limit my remarks to a discussion of the best method of managing rupture of the perineum immediately after its occurrence, omitting an extended consideration of the frequency of the accident, and not touching at all on the methods of prevention.

The operation has been termed primary perinæorrhaphy to distinguish it from that which is made at a later period, that is to say, after the lapse of weeks, months or years. It is also known as the immediate operation.

We are often confronted, and doubtless you will be, by the assurance from Mr. Worldly-wise-man, that rupture of the perineum ought never to occur, and that it does not in his practice. Well, now, if such a desirable state of obstetrical perfection is attainable, I suppose to-day I shall be pulling at the wrong end of the rope; for instead of teaching you how to repair lacerated perineæ, I ought to be drilling you in the tactics of prevention. But, ladies and gentlemen, after having seen many of the patients of these empty boasters, I pray you be not deceived. Lacerations do occur in the practice of the best obstetricians, to say nothing of these pretenders.

A loop-hole is left for these would-be perfectionists in connection with the anatomical designations of the various parts which go to make up the vulvar structures. "What do we mean," I inquire, "by the perineum?" "It extends," says Agnew, in his excellent work on the "Female Perineum," in a restricted sense, from the commissural connection of the labia majora, to the

anus. The two canals, vagina and rectum, as they approach their terminations—vulva and anus—recede from each other, leaving a triangular space into which the deep portions of the perineum extend."

I show you in this chart what is meant. As here represented, it is, as you see, a body of

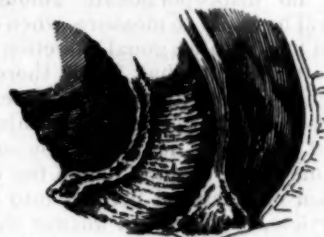


Fig. 1.

triangular shape—though some have attempted to show that it is rather rectangular in form—and fills in the space between the lower parts of the rectum and vagina. As the most prominent elevation on the vaginal surface as shown in the chart, at about the junction of the middle and lower thirds is situated the fourchette, and between it and the posterior commissure of the vulva lies the fossa navicularis. By reckoning the fossa navicularis as a distinct and separate surface of the perineum we have been given by some a quadrangular, instead of a triangular body. I wish to impress on your minds the image of the perineum as here depicted, for without it you will be unable to understand what farther I have to add on the subject.

The loop-hole through which I say these perfectionists sometimes crawl out, is found in connection with the use of the term "fourchette" in its application to the soft structures under consideration. I have pointed out to you the location of this feature, and there ought to be no confusion of ideas in connection with it; but from what I have read, and seen and heard, I gather that there is. Recollect that it lies just within the posterior commissure of the labia majora, and is not a part of the commissure itself, though it does constitute a part of the perineum. This fourchette is nearly always ruptured in first labors, constituting an accident which all are quite willing to admit. More than that, the laceration is liable to involve the thin part of the posterior commissure. Now these obstetricians who claim never to have a lacerated perineum, do confessedly have laceration of these structures which they insist on calling the "fourchette." Hence, when I state that in speaking of the perineum, I mean to include in the designation these parts also, it is evident that we are not so very far apart after all. None of us often have lacerations involving the deeper structures.

One who has never picked up the four angles of even a slight laceration, and thoroughly spread out the wound, will be greatly surprised, when he

\* A clinical lecture in Hahnemann Medical College and Hospital.

does so, at the extent of the raw surface. We say of a given case that, while there was laceration, there was not enough to do any harm. In this very case, let us just make a careful examination, in the manner suggested, and I am sure we will change our mind. A wound which involves only a quarter of an inch of the integumental surface, and no disproportionate amount of the vaginal, will be found to measure, when extended, perhaps an inch in a diagonal direction. Again, you are to remember that, while there may be little evidence of laceration on the integumental surface, there may be very extensive injury within the vaginal canal. A number of you saw such a case with me at the hospital only a few days ago.

A division of lacerated perineum into complete, and incomplete, rupture, will answer our present purpose. In the first, the wound extends through the sphincter ani, and lays open the rectum to a varying extent. In the latter, there is rupture of various depths, from the fourchette to the sphincter ani.

When immediate repair of the perineum first came into vogue, it was customary to take deep sutures, the needle entering and emerging on the integumental surfaces, gathering up the tissues with the wire or the silk toward the external base of the triangle. This answered the purpose fairly well, but many failures are charged to the operation, and many imperfect perineum were the result. With the long curved needle usually provided for this operation, it is very difficult to perform an operation which proves, on careful scrutiny, to be wholly satisfactory. It nearly always results in partial, but not in complete, union. Only a few weeks ago I examined a torn perineum which had been operated on in that manner by one who well understood the principles involved, and passing my finger into the vagina, it was readily thrust some depth into the wound between the stitches, the most anterior one not at all protecting the wound from collecting, with the greatest facility, the vaginal discharges. Such pockets are what work mischief in these cases. With the lochia running down into such a wound, is it any wonder that good results are not obtained? This method of operating I do now hesitate to pronounce wrong in theory, and inadequate for the accomplishment of the purposes had in view.

Hitherto it has been my custom to apply stitches in those instances only where solution of continuity was considerable, and the loss of firmness to the pelvic floor seemed decidedly inimical to the maintenance of organs in their proper relations. This I now believe to be slovenly practice. We ought not to forget that there are other considerations of a highly important nature besides those just mentioned. I am fully persuaded that the time is coming, and, indeed, is not distant, when it will be regarded as the accoucheur's duty

to make a careful examination of the vulva and vagina immediately after labor, and repair with precision *any* rent which he may discover. Moreover, I believe you will do well to follow this practice from the very beginning. It will be somewhat embarrassing, and may be met with some criticism at first, but will become tolerated and at last sought. People are ultimately well pleased with the doctor who evinces care and consideration in the management of his patients. Some of your colleagues and competitors will cry "nonsense," but you will soon silence them by delicately pointing out in individual cases the unfavorable results of the old expectant plan of management. The cry of "meddlesome midwifery" raised by some is getting to be stale. I do not believe that perfect license should be given every practitioner to do as he please; but I think the lines drawn by some are altogether too hard and fast. I am not running breathlessly after the surgical idea, yet *the conviction has taken fast hold of me that all of our obstetrical cases should be treated in accordance with approved surgical principles.* The science and art of obstetrics have advanced side by side with surgery, and right there they hold their position. The cry of "meddlesome midwifery" was first raised by that man, who, in his day, was the prince of obstetricians, Blundell; but had it been heeded by all, the practice of obstetrics would have remained where it then was, and ill-health and death after childbirth, though even now altogether too frequent, would have been as common as it then was.

Labor, they say, is a physiological process; and so it is. The effort constantly made by nature to prevent disease germs getting a dangerous foothold in our bodies is a physiological one, and yet, when the struggle waxes warm and we begin to feel it, the movement is called pathological, and artificial aid is invoked. Who can draw a clear line between physiological and pathological processes? In other words, who can say when the physiological bounds are passed? Labor is truly a physiological process, in general, and the puerperal state is likewise physiological; but certain pathological conditions are liable to be associated with them. My own conviction is that we are justified in aiding nature in her efforts, during the time when unusual efforts are required, as far as we safely can. After labor, if wounds large or small are found, standing as open doors for the entrance of infection, and as the possible points of future irritation, I say close them under antiseptic precautions. Sew up the wounds which have been made in the performance of the physiological process of parturition, and you will do much to ward off the evil effects which stand ready to assail defenceless women at this critical period.

The conditions surrounding such cases are not altogether favorable for a practice of this kind,

and it may take some force of character to follow it. Nevertheless, unfavorable environment is a poor excuse for neglect of duty. It very likely is a case of first labor, and the woman, for a number of agonizing hours, has been receiving that astounding revelation of suffering common to unsuspecting primiparae. At times she almost sank under the power of it; but bravely rallied and struggled to the close. She hopes to rest in the calm succeeding the storm, but you decree otherwise. The genital tract must be examined and all rents repaired. The friends say, "Yes, to be sure. Poor child." But the patient, weary and worn, says, "No, no. I can endure no more." The friends say "Yes," but to one another they may add the damaging comment, "There ought to have been no injuries." All this, though unpleasant, ought not to deter. Do your duty. Finish up the case in a workmanlike manner and you shall ultimately have your reward.

I believe the details of this operation to be as important as those of any minor operation, and if the work is to be done at all, it ought to be well done. Surely, if there is a call for antiseptic precautions, it is right here. Look at the conditions: The woman has been in labor for several hours; the discharges have bathed the vulva, lying there exposed to the air, and doubtless undergoing some change, while the fingers of the attendant have been passing in and out of the vagina from time to time during the whole period. It may be that faeces, as well as urine, have found their way to the parts, and thus in one way and another the conditions favorable to infection have been strengthened. The fact is, if we expect to do a good piece of work it is just as essential to make elaborate preparation for the immediate as for the secondary operation. That is not customary I am free to admit; but in this particular I would have you practice an innovation. I want you to go out from the college as thorough, painstaking, skillful obstetricians. We want you to be all that you seem, and then we shall be proud to own you as our alumni.

In order that you may give these wounds proper attention, I recommend as a part of the regular obstetric outfit the following articles: Four pairs of tenaculum forceps; one short, but broad, perineum retractor; two lateral retractors; several full-curved suture needles, an inch and a quarter to an inch and a half in length; a good needle-holder; plenty of cat-gut of various sizes, in juniper oil; a large fountain syringe having a nozzle provided with a stop-cock, by means of which the stream of water can be regulated; and a good rubber protection for the bed. These are in addition to the usual equipment. The sheet should be so arranged that it will carry the water and blood into a receptacle placed in front of the bed. Since the bed is very yielding, it will be necessary in most instances to place a

broad board of suitable length upon the springs, beneath the mattress, and also plenty of padding under the hips beneath the rubber. I carry in my bag a rubber sheet with an inflatable edge like a bed-pan, which, when not inflated, may be rolled up so as to take but little room. Put the woman in position on this after she has been anesthetized, and in the absence of assistants, fasten up the legs by passing a sheet through the popliteal spaces and then around the neck, tying it sufficiently tight to keep the extremities out of the way. If she has been under an anæsthetic, we need but prolong its influence. If but small wounds have to be sewed, an anæsthetic may not be required. Then turn on carbolated water from the syringe and thoroughly wash the parts, including the vagina. Use soap externally and dry with a clean towel.

With the instruments at hand in a bowl of carbolated water you will be prepared to operate. Sew up first any lacerations which you find in the vagina, then those of the vestibule, and finally those of the perineum. Before beginning, be provided with two or three needles threaded with strong catgut (No. 2 being a favorite size), the threads being long, and deposit them with the instruments in the antiseptic solution, or place them in a separate dish if you prefer. They are soon softened by the water, and become as easily handled as silk. You will find it convenient to tie in the thread, since otherwise, during the operation, it may slip from the needle and occasion some annoyance. Seize the angles of any wound which you find, so as to steady it and make stitching easy, snip off fringes and irregularities which may interfere with union, and then close it with a continuous suture. Be careful to tie the thread at the finish so that it will not loosen.

In this manner you will close small wounds; but those of considerable size, and especially those which involve muscular structure, as in the perineum, will require additional care. The four corners of an incomplete laceration of the perineum should be picked up with the forceps, and the suturing begun above, that is to say, at the vaginal end. The first one or two sutures ought to be interrupted and firmly tied. Then entering with the long thread, you may begin the continuous suture, the two lateral and upper forceps being steadied by assistants and the whole wound kept in perfect view. You may make complete closure with a single row of stitches, provided the wound be not large; but if a single row will not draw the parts into perfect apposition without tension, why then, after taking a few turns through the edges, you should dip down into the depth of the wound, and gather up the tissues therein, as you proceed toward the lower angle of the rent. After the suture emerges at the lower angle, you should take a new long thread, unless the first is of sufficient length to carry all the way



back, and run a continuous suture toward the angle of the wound where the first needle entered, taking in the margins of the tear, and thoroughly closing the wound.

This procedure is well shown in the second chart. It will be observed that, in going forward

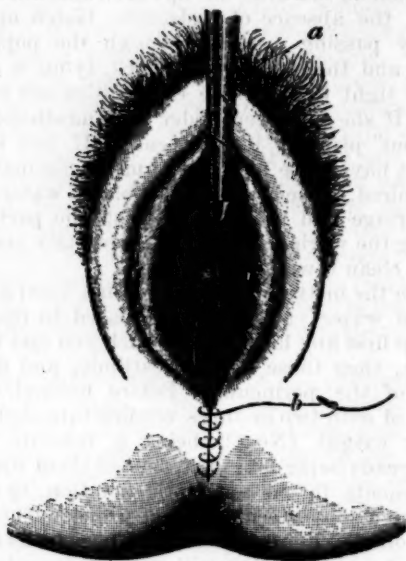


Fig. 2.

a.—Forceps holding thread where the continuous suture began.  
b.—The continuous suture returning and closing the wound over the deep suture.

on the return, the sutures touch the integumental surface for a distance, but end on the mucous surface of the vagina. If the operation be well done, and the thread not drawn too tightly, repair will almost surely ensue; the catgut sutures will be absorbed, and the occasion for dread which some women have of the taking out of the stitches be avoided.

The treatment of complete rupture of the perinæum has heretofore been followed by incomplete repair in a large percentage of cases; and it is found necessary in any instance, in order to secure a perfect result, to pay strict attention to details. The wound should be drawn open, as in the incomplete variety, with forceps at the angles. Since the lower angle is split by the rent into the rectum, two forceps will there be required. The first attention should be given the rectal wound, which must be delicately and firmly closed. In this part of the operation interrupted sutures ought to be used. The needle is first made to enter at the upper angle of the wound, at the very margin of the flap, in a direction from the rent outward, splitting the part for a short distance, and emerging on the raw surface. It is then carried over to the opposite side and made to travel from the outer side toward the edge, splitting the flap in a similar manner, and finally emerging at the very margin of the flap without

penetrating the rectal mucous membrane. It is tied on the rectal side. Other sutures follow until the wound is fully closed. Coaptation of this part of the laceration having been accomplished, the rest of the wound should be treated as in the instance of incomplete rupture. It is highly essential to success here, as in other cases, that the raw surfaces be brought together in an equable manner, so that every part will lie in contact, and thus no pockets be left.

In putting in the catgut sutures care should be taken not to place them too close together, nor to draw them too tightly. Perfect coaptation is the only requisite. Somelittle experience soon teaches one the art of accomplishing this in a desirable manner.

During introduction of the sutures, tension should not be strong on the forceps; and it is advisable now and then to bring the surfaces together in order to make sure that the needle enter at opposite points, and unnecessary suture tension and distortion thus be avoided.

Carefully wash and dry the exposed surfaces, and apply to the vulva an antiseptic pad or napkin to catch the lochia.

After-treatment consists in careful cleansing of the parts, an occasional vaginal douche given in the most gentle manner and perfect quiet. The urine should be voluntarily voided, and the parts immediately dried. Perfect quiet for a long period is essential in bad cases. In any case the patient should remain in bed longer than after normal parturition. The knees would better be padded and bound together for a few days, though this is not a necessary precaution. You will

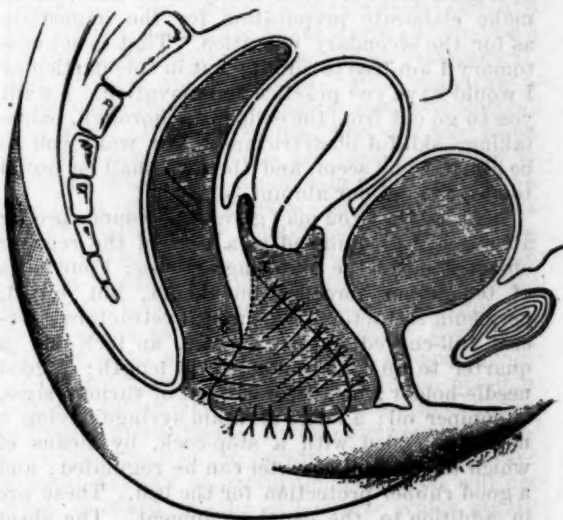


Fig. 3.

Antero-posterior section, showing at a, the beginning and at x, the end of the suturing.

observe that I have recommended no sutures for a lacerated cervix, though I am quite well con-

vinced that it is good practice to introduce them. I am experimenting in this direction, as some of you know from observation, but am not yet prepared to recommend the operation to the general practitioner. In conclusion, I wish to repeat with emphasis that I believe the time is coming when *all* recognized lacerations will be repaired immediately after delivery, with the same punctilious care that we manifest in attending to the ordinary details of labor. When this comes to be the rule, gynecologists will not multiply as they now do, because their occupation will be gone.

#### ADVICE TO MEDICAL STUDENTS.\*

BY HOMER V. HALBERT, M. D., CHICAGO, ILL.  
*Professor of Descriptive and Practical Anatomy, etc.*

OVER the doorway of a house in ancient Athens, where a philosopher was accustomed to instruct the young men of his school, were engraved these two Greek words, *Gnothe-Seavuton*—"know thyself;" and to every student who entered this door the glowing inscription above was such a living sentiment that it became the precept of his profession and the watchword of his daily life. \* \* \*

The practice of medicine is a science and must not be polluted by charlatans and vampires. Its sacred record is not written in a name and its environment must not include the imposition of a sham. I hope you *believe* this and that you enter its precincts with a perfect confidence in its scientific truth—that you are ready by your future relations and by your studious habits to preserve its integrity and elevate its standard. You can not practice medicine by platitudes, and the one who, by subterfuge or smooth language, intends to use it as a means for a selfish end, will contaminate its holy temple and bring injury to human kind. More than this, it is a *liberal* science and lends the kindness of consideration to all facts. Through the dark ages of superstition and ignorance it has come to us relieved of many incongruities and improved by long continued experiment. Fortunate then are you who begin your study where others have been obliged to leave it. Fortunate are you to reap the fruits of so much skillful research. Remember, however, that you live in the nineteenth century and study your lesson in the light of to-day. Prove all that is good and reject all that is wrong. Profit by experiment. Learn by constant experience. Tradition is your historian but modern investigation is your preceptor.

You come here believing in a law—a law which has thus far endured the test of the severest criticism; but it is a comprehensive law and requires a just interpretation. Every theory has its variation. Every problem must be solved. Follow its

tributaries and you find the ocean. Know its exceptions and you prove a law.

Professional dignity does not recognize personal controversy; to say that "we are entirely right" and "some one else is entirely wrong," is uncalled for. The existence of a counterfeit is positive proof that somewhere there is a genuine.

The book is now open and you are ready to turn its leaves. What can I say to you of the cause you avow? What can I advise you as to the trust you assume?

I believe in systematic, persevering and practical study. Learning gained by the force of memory is neither lasting nor useful. Hap-hazard reading and irregular application are both confusing and wasteful. There must be an apprehension of that which is fitting, and an exclusion of that which is irrelevant. Only by gradations and complete preparatory work can we assume that which is complex. Step by step do we rise to any degree of accomplishment. To be well grounded in the fundamental principles—to be well trained for greater investigation confront you in these early moments of your equipment. The questions of embellishment and of specialty are considerations which time and experience will amply care for.

About the best possession for you to have at present is a well constructed and properly balanced plan of study. The college offers you a series of lectures and clinics and prescribes the amount of work you shall do from day to day. But it is for you to invent your own plan of using them. Individuality will, to a great extent, characterize and control, but a plan for each is an absolute necessity. No general ever contemplated the most insignificant campaign without a perfect plan of operation. No captain ever puts to sea without a compass to guide him. The monument of grandeur and stability represents the skill of an architect. The scholar of marked attainment is the student of systematic habit.

It is not possible for you to flounder about from one study to another, or even from one college to another, without shattering your opportunities and disrupting your mental caliber. A well chosen text is worth sticking to. A well-trying rule is worth following.

In the wake of ambitious tendency of the present time it is quite natural for a student to undertake too much and to expect too much. In every walk of life the unusual incentive to hurry into active operation before the underlying principles are well mastered is indeed unfortunate and demoralizing. \* \* \*

It is indeed a mistaken belief that a professional standard can be estimated by a surplus of data which properly belongs to an encyclopedia. There is enough which can be digested and perfectly used without congesting the brain with that which is only intended for reference. To analyze,

\* An abstract of a lecture introductory to the thirty-first annual session in the Hahnemann Medical College and Hospital, Chicago.

to classify, and to observe with a truly practical perception is the system of every well-trained intellect; and if you inaugurate this principle now it will be a wholesome impulse through all your study.

Another controlling influence in the life of a student is a determined energy. This is the vital spark of every enterprise. It fashions thought into utility; drop by drop it wears away the hardest rock, and into the darkness of ignorance it admits the warming sunlight of intelligence. Put the crude ore into the crusher and it yields the metal of value. Put your unflinching zeal into the earnest development of every resource and the inevitable result is success. By fervid attention and close application you must master each theory, learn every lesson and clinch each clinical fact. \* \* \*

A just emulation is a proper stimulus, but to be superficial is criminal neglect. The world does not want you unless you are in truth all that you represent. Every community is full of physicians in name, but suffering humanity will ever demand the doctor in fact. Scientific qualification and honest representation! These are the attributes which tell; these are the elements which win.

If the wasted moments of our lives were condensed into beneficial thought and noble actions, we should be decidedly more serviceable and infinitely more happy. If in each day's ordeal we should absorb more of the good of the world and impart more of our individual greatness, the imprint of our existence would leave a lasting memorial. Crystallize then into your every effort the true spirit of manhood and womanhood—a spirit which does not overlook the trivial things of life; but accepts and performs the most arduous duty with a willing heart.

#### NASAL CATARRH IN MINNESOTA.

BY EUGENE L. MANN, M. D., ST. PAUL, MINN.  
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IN UNDERTAKING a study of nasal catarrh in Minnesota, one is first attracted by its prevalence; it is remarkable how few people who have lived here any length of time are free from this complaint. Some suffer much more than others; many are scarcely conscious most of the time of any trouble, and yet I had almost said *all* were in some degree affected. How often we hear the reply, "Oh, yes, I suppose I have catarrh, everybody has out here." And among the advertisements in our daily papers specific catarrh cures vie with sarsaparilla and Roger's royal nerve in position and importance; the next point to hold our attention is, that almost without

exception these catarrhs are aggravated during the winter months. Many complain only during the cold season. Those who consider themselves perfectly well during the summer, notice more or less discharge or at least an inability to breathe through the nostrils during our cold days of winter, and all are much worse at these times. In the third place, an examination of the cases shows that they are almost invariably of one kind, the hypertrophic variety; this hypertrophy taking place in the turbinated bodies; in Lusk's tonsil or in both. Atrophic cases are rarely met with.

This almost universal prevalence of one special form of the disease, always aggravated during the winter months, leads us to search for some as universal etiological factor. And we find upon an examination of the atmospheric changes, that during the season when these attacks are at their worst, the thermometer ranges from a few degrees above to many below zero, and that this cold air is perfectly dry—a condition which renders it much more bearable and invigorating but also much more active as an etiological factor—it is also a notable fact that during the excessive cold our living rooms are proverbially overheated, usually with the dry and dusty heat of a stove or furnace, and we are consequently compelled one moment to breathe an atmosphere of 80° above zero and the next of 30° below, both being dry and dust laden.

Turning now from these facts as regards the prevalence and variety of catarrh, and as to the climatic condition to a study of nasal physiology, we shall see, I think, the causal relation existing between them.

The nose is of far greater importance as an organ of respiration than of olfaction, and it is only since this fact has become established that its physiology and pathology have been closely studied. The conditions incident to civilization compel man to inhale air at varying temperatures and surcharged with irritating particles, and here, at the very entrance of the respiratory tract, Nature has provided means of protection for the delicate structures of the larynx and lungs, by purifying, heating and moistening the air current before it reaches them, this is accomplished by means of the vibrissæ, the turbinated bodies and the glands at the vault of the pharynx. In a pure atmosphere of moderate temperature the air current is directly through the inferior meatus of the nose to the post-pharyngeal wall and thence deflected into the larynx. As the atmospheric temperature lowers, the nerve terminals in the nasal mucous membrane respond to the stimulus of cold, the vaso-motor control is removed, the venous channels in the turbinated bodies are surcharged with blood, and the circulation of the entire mucous membrane is accelerated: the resultant swelling obstructs the direct channel and forces the air through the more tortuous spaces of the



upper meati of the nose into more direct contact with the upper pharyngeal glands, while the accelerated circulation and exuded serum and gland products provide heat and moisture so that before it reaches the larynx the air is warm, moist and unirritating; if the stimulus of cold be now removed, and the temperature of the air changed suddenly by entering a warm room, the reverse of this process takes place, the swelling of the turbinated bodies subsides, the circulation returns to normal and the excess of serum and gland mucus is no longer thrown out. Upon again entering the cold air this process is repeated, and it is this constant repetition, this abuse of a physiological process that leads to a pathological condition; the constant irritation gives rise first to swelling and inflammation of the epithelial surfaces, the process extends to the underlying connective tissues, and we have a chronic hypertrophy of the turbinated bodies and the glands of the pharyngeal vault; a continually obstructed nostril; a constant hypersecretion of mucus; a chronic catarrh. Such is the etiology of the majority of our Minnesota catarrhs, and it is the perfectly natural and necessary result of the climatic conditions present.

The symptoms I shall not detail, they are multiform but well and easily recognized and may be classified under two heads: 1. Those due to obstruction and 2. Those the result of hypersecretion. Passing on to the treatment, we are at once confronted by the question of internal medication. In dealing with any catarrhal process there are two conditions which call for constitutional remedies. First, when the local trouble is a manifestation of a constitutional disorder, as in specific cases; when the thickening of the mucous membrane is an expression of the gouty diathesis, etc., and second, when the local trouble has caused constitutional disturbance, as so often occurs in atrophic catarrh. But in neither of these conditions have we done our full duty by our patient when we have selected the remedy. In cases of the first class we can materially aid and hasten the cure by means directed to the local condition, and in those of the second class, and here we place our hypertrophic catarrhs, it is positively essential that we use local measures; the condition is the result of the action of a constant local irritant that we can not remove and we must deal with the effects as best we may. The hypertrophic areas, besides obstructing the air current, act as direct irritants, and in order to effect a cure these sources of irritation must be reduced. Several measures are recommended; some advise astringent application, personally I have seen no lasting benefit from their use and have abandoned them in practice. Constant pressure by means of bougies is another measure also barren of permanent results in my hands. Linear eschars, produced by the galvano cautery or chromic acid along the hypertrophic areas, combined with the

destruction of the enlarged pharyngeal glands by curette forceps or galvano cautery, give the most satisfactory result and is most permanently curative. In conclusion I want to emphasize two points: First, that our catarrhs are the logical result of our climatic conditions and are of local origin. Second, that this class of catarrhal affection is amenable to properly directed treatment.

### CLINIQUE.

#### NERVOUS SHOCK VERSUS SEPTICÆMIA: A CASE SHOWING THE DANGERS OF THE INTRA-UTERINE DOUCHE.

BY EUGENE R. CORSON, B. S., M. D.,  
SAVANNAH, GA.

THE following case teaches its lesson and deserves a report and some comment.

Mrs. B., æt. thirty-one years, came under my care about a year ago for uterine trouble. I found an old laceration of the cervix, with considerable erosion and catarrh, and a beginning pregnancy. Mrs. B. was a thin, delicate blonde, very sensitive emotionally, who had been an invalid so long that she never thought herself well, even for a day. She had had five children, three living. Her treatment on account of her condition was limited to the vaginal douche and the packing of the vagina with wool soaked in a mixture of alum, boro-glyceride and glycerine. Under this treatment, carried on about two months, her trouble was much relieved, and she left the hospital to await her confinement.

She entered the hospital again July 28th, having been threatened apparently with a miscarriage. Throughout her pregnancy she spoke of her condition as a great misfortune, and she looked forward gloomily to her confinement.

She was confined on September 22d, and the following entry was made in my obstetrical notebook: September 22d. Called at 4 A. M. to Mrs. B., æt. thirty-one years, vi-para, in labor. She was having slight pains; the cervix was dilated an inch and the vertex presenting. The head being fairly down at 8 A. M., and as the patient was complaining bitterly, gave chloroform off and on, sufficient to relieve her greatly. The head was born at 8.40 with restitution to the right; the body followed in one minute, and the placenta came away at 8.45 under the influence of some external pressure and gentle traction on the cord. The placenta looked all right so far as I could see, and the uterus was well contracted down.

Complained of after-pains, relieved by gel-semium gtt. x. every half-hour.

The child was a large well-formed male, weighing 8½ lbs.

It is my custom to scrub my hands and fingernails thoroughly with a rubber nail-brush, using

Stiefel's corrosive sublimate soap  $\frac{1}{4}$  ℥, in every obstetrical case. It seems to me much more important than any amount of vaginal douching. A hot vaginal douche of plain water was given morning and evening.

The first seven days passed without a bad symptom: the lochia were natural; the uterus kept well contracted down; the milk was established; barring the few after-pains relieved by the gelsemium, there was no abdominal pain and no distension. Most of this time she was without fever, and only on the third day on the establishment of the milk did the fever rise to 101° F. On the second day she complained of frequent urging to make water, and the nurse introduced the catheter and drew off a good supply of urine, giving her relief.

On the evening of September 29th I was sent for, as both nurse and patient had noticed some odor to the lochia. Although not very great, the patient complained much of it, and seemed very anxious; she was restless and nauseated, and seemed generally uncomfortable.

I at once introduced my well-scrubbed hand, and discovered a piece of retained placenta probably equal in size to a hickory-nut. With my index finger I removed it, and scraped out the uterine cavity until satisfied that I had removed everything. Then with a fountain syringe containing two quarts of water and one drachm of carbolic acid I irrigated the uterine cavity, holding the cervical canal open with my index and medius fingers, permitting an easy outflow of the wash. The patient did not complain much; the uterus was well contracted down; the abdomen perfectly soft and without pain, and I felt confident that all would go well.

The odor on my fingers was not very great, I have often had it much worse, and the corrosive sublimate soap soon removed it.

Twenty minutes after the douche she had a most violent chill followed by a rise of temperature, the fever reaching 102 3-5°; her face was greatly flushed, her expression anxious, with nausea and vomiting; the abdomen was soft, and without any unusual tenderness.

September 30th. By morning the temperature had fallen to 99 2-5°, and she expressed herself as much better. Gave a tablespoonful of the following solution of quinine at six, eight and ten o'clock:

℞ Quinine sulphatis..... 3 i.  
Acidi nitrici dil..... 3 iss.  
Aquam ad..... 3 vi.

Lochia without any odor.

By evening the nurse called my attention again to the fetor of the discharge, the temperature during the day having risen to 100°.

Again thinking a uterine douche necessary, I irrigated the uterus with two quarts of hot water containing one drachm of carbolic acid. The cer-

vical canal was kept well open and there was a free outflow of the wash, the patient standing it all with but little complaint.

This was quickly followed by a chill, not quite so severe as the first, however, and there was a rise of temperature to 104 3-5°. But shortly after midnight this went down, and by six A. M. the temperature was 99°, leaving the patient very weak. The facial expression was bad, there were dark rings around the sunken eyes, and the patient looked as if she had been ill a long time; there was constant nausea and vomiting, and the bowels, which had been constipated, became loose and offensive. The quinine mixture again given at six, eight and ten A. M.

October 18th. The lochia were again offensive, and still with the dread of puerperal septicæmia in my mind, I gave the patient an ounce of brandy, applied a hot poultice over the abdomen, prepared two quarts of a hot corrosive sublimate solution, 1-4,000, and washed out the uterus again, through a double catheter, doing it as carefully as possible, and without pain. She complained, however, of a sinking sensation in the chest.

This douche was again followed by a chill and rise of temperature, the fever reaching 103 2-5°; the face became dusky red, and with a very anxious expression; pulse 130 and the patient's condition looks desperate; there is constant nausea and vomiting; the bowels are loose and offensive. Towards evening the temperature declined, and by six A. M. October 2nd was 100°. The patient, however, is very weak and looks almost moribund; pulse 140, sighing respirations; constant nausea and vomiting; tinct. opii by enema in  $\frac{1}{4}$  drachm doses quieted and relieved generally.

October 3d. No further chill, though the temperature rose in the night to 103 1-2°; no abdominal pain; uterus well contracted; lochia scanty and somewhat offensive. A hot carbolyzed vaginal douche used.

Patient nourished with milk and vichy and stimulated with brandy; iced carbolyzed lime water (carbolic acid 1 drop, lime water  $\frac{1}{4}$  ounce), relieved the nausea and vomiting; pulse 120 and stronger; milk gone; the temperature during the day ranged between 100° and 101°; facial expression much better. On account of the nausea, stopped everything by the mouth for eight hours; lochia still slightly offensive.

October 4th. The vomiting has been relieved by the rest to the stomach, although she complains of constant nausea; the features are drawn; the pulse is weak and quick, though gradually coming down: the temperature did not rise over 100°; buttermilk was substituted for the fresh milk with great benefit, it having helped her in a previous attack of vomiting.

October 9th. During the last five days there has been almost no fever, 100° being the highest.

point reached; the lochia have become gradually less and less, and the fetor has disappeared; the pulse varied between 90 and 100, and was weak and nervous; all the buttermilk was retained, and was given every hour.

The patient passed into a strange hysterical state; the mind was perfectly clear and yet there was great mental apathy; she wished to have innumerable little things done for her, and during my visits these demands would increase; she would wish to have her hands rubbed, and to have her head and hands bathed in ice-water; her sleep was good; she would talk in a whisper, and then suddenly, in answer to a question put to her, would reply in her natural voice; though her eyes were sunken and surrounded with black rings, they were very bright, and would follow me all around the room and watch every movement and facial expression. Her stomach had improved so much that she ate a soft-boiled egg morning and noon, and some milk toast; and she was able again to take the fresh milk and the milk-punches. Taking about four ounces of milk every hour, it amounted in the aggregate in the twenty-four hours to two quarts fully. The bowels were moved once a day. Suddenly without any known cause she passed her urine in bed, and soon her bowels were moved in the same way, although the stools were fairly formed, and must have required some effort to evacuate them. An examination of the anus and vagina showed nothing wrong; all the parts were remarkably free from inflammation. There was, however, this peculiar hysterical state, an absolute lack of will-power, an inability to collect her thoughts or feelings. She was indifferent to her baby, though a fine and flourishing specimen, and yet seemed much injured when physician or nurse made any effort to rouse her out of her lethargy or tried to shame her for soiling her bed.

For a time there were indications of returning milk, but they soon disappeared, and the child was fed artificially.

At times she refused to swallow her milk, and tried to spit it into the nurse's face, and then on the next occasion she would swallow it without an effort. She would lie like a log compelling the nurse to move her for everything, and yet when placed on her back she would turn to her favorite position on the right side with the limbs drawn up and her head bent upon the chest. For five or six days preceding her death there was no fever, though her pulse was 120 and weak, a nervous pulse that we often meet with in certain forms of hysteria. With this lack of fever and apparently good digestive powers, I firmly believed I should eventually get her up, and so expressed myself to her husband.

On the morning of October 13th, the thermometer still registered normal. When I saw her at my evening visit I found her temperature

in the axilla  $101^{\circ}$ , her respirations very rapid, and her pulse 140. The fever continued during the night, not rising above  $101^{\circ}$ . At one A. M. it began to decline, and at five A. M. it was  $100.2-5^{\circ}$ , but she sank soon after and died very quietly about nine A. M.

Only he who struggles with and watches such a case can realize its anxieties and strain. These cases are the saddest which come within the experience of the physician.

In analyzing this case, the two main features are the symptoms of nervous shock and those of septicæmia, and to my mind the first largely preponderate. I can not but think that all the serious trouble dated from the uterine douches, that the chill, high fever and shock were the result of the intra-uterine washes, and that the patient would most probably be alive to-day had they been dispensed with and she had been treated in a less heroic way. I speak of the result of the douche as "nervous shock," because I could find no local inflammatory symptoms. This expression simply covers up our ignorance; we know not the subtle forces at work here. The uterus in certain cases seems to resist interference like the male urethra. There was a case reported the other day of death from the vaginal douche, some of the wash evidently having passed into the uterine cavity. I have had several cases of "uterine colic" from the vaginal douche when some drops of the wash had passed into the uterine cavity.

In this case there were no chills or high fever, except as following the douche, however carefully done. And the subsequent history did not point to septicæmia as I have seen it, but rather to great nervous depression. The vital centres seemed sapped beyond any recuperation, and the vital spark finally went out under a temperature of  $101^{\circ}$  only.

The question of intra-uterine irrigation has been much discussed and there is a long list of its advocates among prominent medical men, and an equally long list of those opposed to it. That it has its dangers, especially if unskillfully done, there can be no doubt; the entrance of fluid into the tubes and thence into the peritoneal cavity, hæmorrhage, the entrance of air into the uterine sinuses, chill, metritis and peritonitis have all been credited to the douche. Certainly my own experience would lead me to believe them all possible. And yet not two months ago I saw the marked benefit of clearing out the uterus of a lot of decomposed placental tissue as a result of a neglected miscarriage, and irrigating the uterine cavity with a carbolyzed solution. A high fever went down as by magic and the whole character of the case was changed as in the twinkling of an eye. I have irrigated the uterine cavity a number of times and never with any bad results, but quite the contrary.

But with all these successes I must believe that



intra-uterine washings have their dangers, often very great dangers, and that often the physician had probably better err on the side of expectant treatment than from too great eagerness to avoid every sort and condition of germ action. I am haunted by the thought that had I disregarded the offensive lochia and used simply carbolyzed vaginal douches my patient would be alive to-day. But I have never had much faith in the antiseptic powers of the vaginal douche. It always seems to me like trying to keep one's house clean by vigorously scrubbing out the entry and front-steps. Vaginal douches do not reach the uterine cavity, and it must be almost entirely there that septicæmia can take its rise. There are some noted obstetricians, Tarnier among them, who do not even favor the vaginal douche. Certainly plain hot water answers every purpose, and if I use the douche carbolyzed, I think more of its moral effects upon the patient who believes that the "antiseptic treatment" is being carried out, than of any radical influence it may have upon the uterine involution and the speedy convalescence of the puerpera. On the contrary, I have thought the carbolyzed douche had this disadvantage, namely, that it might simply deodorize offensive lochia and throw the physician off his guard as to the true state of affairs within the uterine cavity.

I like what Mundé has to say on this question, as quoted by Grandin in the "Cyclopædia of Obstetrics and Gynecology," Vol. IV., p. 380, and I refer the reader to it.

Ever since I began practice it has been my lot to have very many cases of dystocia of every description. Some day I propose to tabulate them as a curiosity and to show how strangely certain cases run together. For example: out of my first 300 cases of labor, I have had 20 cases of puerperal eclampsia, or 1 in every 15, an almost unheard of experience. The above case seems to show that I am still pursued by my obstetrical Nemesis even though I seek protection under the ægis of antisepticism.

#### ATTEMPTS TO AROUSE THE SENSE OF HEARING.

BY MISS LILLIE E. WARREN.

THE absence of a sharp line of distinction between hearing and no hearing makes an interesting question of how much perception of sound is possessed by the average deaf mute. Under the old method of sign teaching, which keeps a deaf child untaught until seven years of age, it is difficult to gather facts. Instances are known of children losing a perception of the sounds of the human voice and retaining the ability to notice clanging noises or shrill whistles. It is not easy to determine, however, what might have been appreciated by them if efforts had been made to keep the sense of hearing aroused, or

how much the noises are perceived through the ears. A teacher of the new method of articulation is able to meet deaf children at a very tender age, and should gather statistics with care.

Unquestionably the average deaf child of two years, in the enjoyment of full development of the faculties, with all wants supplied, will not ascertain for himself that there is another sense possessed by those about him, but a very little later he appreciates his lack of full communication of ideas with the same people. If the mechanism of the ears has not been too far destroyed by disease, perhaps special attention directed to them at this period may give the child's mind a realization of this other sense, and may cause it to make sufficient effort to discover a new pleasure.

Personal observation leads me to think the proper time for such efforts to be between the third and fourth year. Sometimes the results have been peculiarly gratifying, and in all cases it has been found the pupil received ideas that helped greatly in after education. One child, five years of age, in whom apparently no hearing was aroused, so fully grasped the fact that communication of thought is conducted in some way through the ears, that she speaks such words as she knows in the ears of those about her, and laughs with pleasure to see that they are understood through that medium when the listeners are blindfolded; in consequence her voice is formed without constraint, and is very natural. This alone is a great gain.

An item of interest is the fact that one child made its first efforts to speak while on a long sailing voyage, where the intense quiet gave it a favorable opportunity to notice the human voice. It was over four years of age at the time.

It must be borne in mind that if a child of very defective hearing notices sounds of the human voice at all, it probably can not distinguish their differences. It is necessary for it to learn how to repeat them. The vowels ee and oo seem excellent for ear-drill, as they require such widely different positions of the mouth that they can be memorized readily by the pupil. If it learns to distinguish them when spoken in its ear directly or through a flexible speaking tube, other sounds may be added gradually. The progress is slow. Think of how many times a hearing child listens to words before it attempts to repeat them, and patience is given for the work.

The only sure test of the child having heard a sound is its repetition of it. A bright look of interest, a start of pleasure, an evident enjoyment in using the tube, are all very pleasing to watch, but are not proofs of hearing. The pupil may be conscious only of the breath blowing in the ear.

Some notes regarding a few cases may be of interest.

No. 1. May 27, 1885. Learned the sound of o by use of speaking tube very quickly.

June 3. Knows the difference between "pa-pa" and "ba-ba."

June 9. Imitated "baba," "o" and "ah" while using the tube. He was very much pleased with a whistling sound that he made through the tube, and raised his hand, pointing to his ear as he did it. He seemed disappointed when he blew through the tube and did not make the whistle. Afterwards repeated the whistle at least a dozen times.

June 12. Always uses his voice naturally when trying to speak through the tube.

No. 2. Shows the alternate success and failure of various days, due to a catarrhal condition.

Jan. 22. Pupil could imitate a number of sounds.

Feb. 3. Gave the word "girl" with perfect accuracy.

Feb. 11-13. Ill.

Feb. 23-27. Hearing not as good. Child apparently well.

Feb. 27-March 5. Deafness more noticeable in using the tube.

March 6. Hearing improved.

March 9. After I spoke a word in the tube he turned the mouth-piece to his lips and repeated the word correctly.

March 11. Did finely with the speaking tube; repeated "baby," "girl," "boy" and "pitch." He does not remember any words, but can repeat a number each day immediately after hearing them.

May 28. Notices two words at a time, as "pretty baby," "good-bye," "good boy."

List of words learned in six months:

Tree, watch, apple, that's it, cat, bird, pitcher, hold that, book, dog, church, sheep, table, fish, water, bear, bell, see, butterfly, lady, boy, now, man, duck, horse, cow, baby, all gone.

Except when suffering from a catarrhal cold, this child at nine years retains an appreciation of many words spoken within four inches of his ears, and likes the sound of music-boxes and pianos. The effect of that amount of hearing upon his voice is very great.

#### AN UNUSUAL VARIETY OF PELVIC TUMOR.

By H. I. OSTROM, M. D., NEW YORK.

THE patient, a married English lady, primipera, aged thirty-nine, gave a history of several attacks of pelvic inflammation, and of one miscarriage. For two years she had been an invalid and confined to her bed much of the time. There was constant pain in both ovarian regions, more especially the left, which was greatly aggravated before menstruation. At times the pain would increase for several days, and be relieved by a considerable flow of bloody pus from the uterus. An examination showed the uterus to be retroflexed and firmly fixed, the vaginal roof hard

and resisting, and the left side of the uterus occupied with a semi-fluctuating body, pressure upon which caused excessive pain, and was followed by the bloody vaginal discharges. This I diagnosed a cyst, connected with the Fallopian tube. Upon opening the abdomen I found universal and dense adhesions. The right appendage was entirely covered by the retroflexed and adherent uterus. In the place of the left ovary there existed a tumor about the size of a small coconut, apparently lying between the folds of the broad ligament. In all my experience in abdominal surgery I have never found adhesions more dense, or the relations of organs more difficult to define. I tried to enucleate the cyst, but soon found that its walls were the peritoneum of the broad ligament. I therefore emptied it through a small trocar, and then enlarged the incision, and cleaned out its cavity. I found the cyst contents to resemble in general character the vaginal discharge, but there were broken down blood clots, and considerable organized matter. The most careful search failed to find any trace of the left ovary or left tube. When the cyst was evacuated, that side could be explored with ease, but there was evidently no left appendage. Behind and under the large cyst was a smaller cyst, which I at first took to be the ovary. But in bringing it to the surface to ligate, I tore it from its connection, there being no pedicle. This cyst was a single one, with very tough walls, and filled with a perfectly clear fluid. It possessed none of the features of an ovary. The hemorrhage from separating the adhesions was so profuse, that I swabbed out the pelvis with iodine—in the majority of cases I prefer this to the per sulphate of iron. I placed a drainage tube in the cyst cavity, and the patient recovered with a temperature that at no time reached 100°.

Now the interesting part of this case is, what was the tumor, and how did it discharge into the uterus. In the absence of the left ovary, and I do not think it possible that one on that side could have escaped my examination, we must dismiss the origin of a ruptured tubal pregnancy. In the absence of a Fallopian tube, it was equally impossible for the discharge to pass to the uterus by that channel. Nothing, therefore, remains for us but a broad ligament cyst, that extended towards the uterus, and by suppuration had made a fistulous opening into that organ. Accepting this hypothesis, and truly I am at a loss for any other, there still remains some rather difficult questions to answer. In the first place, it was apparent that a certain degree of hemorrhage constantly took place into the cavity of the cyst, for the discharge through the uterus was largely of blood, and that which I drew out through the trocar was almost pure blood. In the second place it is difficult to understand why the peritoneal cyst wall did not yield to the intra cystic suppuration before

the uterine wall broke down into a fistula. I am inclined to think that we have here a condition quite independent of the attacks of inflammation, which I at first regarded as a cause, but one primarily of hemorrhage into the cavity of the broad ligament, possibly produced by some mechanical means acting at the time of congestion. As in extra-peritoneal hæmatocele, suppuration took place in the blood clots, and a broad ligament cyst developed which opened into the body of the uterus. The vessels primarily ruptured probably never permanently closed, or repeatedly gave away and permitted hemorrhage into the cyst. This theory is supported by the fact that the first discharge through the uterus contained much more pus than the later discharges.

The case illustrates the impossibility of making an accurate diagnosis before opening the abdomen, and emphasizes the fact that the abdominal surgeon must be prepared to deal with his case according to its requirements—thus taxing his judgment and skill to the utmost—without reference to preconceived, anatomical or pathological notions.

42 West Forty-eighth Street.

#### MALIGNANT DIPHTHERIA.—COMPLETE RECOVERY OF A CASE WITH UNUSUAL COMPLICATIONS.

BY OTTO FÜLGRAFF, M. D., NEW YORK.

THE case is that of a naturally delicate New York boy just past his sixteenth birthday. He had been closely confined to school and study for a year, and this, with the additional strain attendant upon an examination for the City College, had reduced his vitality and made him the more liable to contract any contagious disease with which he might be brought into contact.

On June 12, 1889, he spent the day in Hoboken, devoting himself largely to the amusement of a little boy six years old, who was ailing, supposedly, from a slight cold or attack of malaria, and who died of malignant diphtheria June 22.

On June 20, in the evening, patient was taken with the disease, going to bed with sore throat, violent headache and high fever, accompanied by intense thirst. All the symptoms were strongly marked, and there was no mistaking the diagnosis. On the following morning patches of the malignant diphtheritic growth, or false membrane, were observed on the tonsils, and the disease advanced with alarming rapidity. The entire throat cavity and the posterior nares were speedily involved, and a very offensive odor was emitted. The suffering of the patient was extreme. He was especially restless at night, and inclined to be delirious. Carbulated Lugol solut. and boracic acid were applied directly to his tonsils, and combinations of 2 oz. each listerine, aqua calcis, 1 oz. glycerine and mercur. corros., gr. 1-20th, used as

a douche or spray, in alternation with Marchand's peroxide of hydrogen about every three hours, while a powder consisting of iodoform, acid boracic, 1 to 10 each of granulated sugar of milk blown up the posterior and anterior nares through properly bent glass tubes about every twelve hours, while in two teaspoonful doses of tinct. aconite, belladonna, gelseminum, 10 drops each to 4 oz. water in separate glasses were given in rotation at short intervals. Cold water, milk and toast-water, lemonade *ad libitum*.

The maxillary glands became much swollen, and were kept painted with carbulated Lugol's solution.

Internal remedies were now tinct. bell., baptisia, gelsem. in proportion and dose as before, and a 5 grs. powder of cyanide of mercury, 1 in 100, once in 12 hours.

On the evening of June 22 there was a prolonged and profuse attack of bleeding at the nose. Hamamelis virginica, diluted with water, and a little table salt added, was used to arrest it by spray and plugging nostrils with absorbent cotton.

Early the next morning the patient, for a time, could not swallow, and seemed in danger of choking. An application of carbulated Lugol's solution to his throat caused gagging and coughing, and finally relieved him. On the night of June 23 the nose was so obstructed as to prevent sleep. At 4 o'clock on the morning of June 24 there was another attack of bleeding at the nose, which lasted an hour. Witch hazel, natrum mur. with tinct. ferr. muriate in water was used to arrest it. By this time the soft palate and uvula were greatly swollen and inflamed. Deglutition was effected with extreme difficulty, and there was no desire for nourishment or stimulants. The throat felt raw and "scraped" and as though there was a "lump" in it completely obstructing the passage. Sleep in a recumbent position was no longer possible. The patient was bolstered up with pillows at night. On the morning of June 26 he raised a strip of the false membrane about an inch long and three-quarters of an inch wide, beside several smaller pieces very tough and leathery. There was another attack of bleeding at the nose at 2 o'clock on the morning of June 27. Tannate ferr., 1 to 12, sacch. lact. powder per glass tube, and plugging nares with absorbent cotton rolled in same powder, and renewed according to necessity. Everything at all acid or salty now caused a burning in the throat that was very distressing. Coca wine could only be taken a sip at a time, with a swallow of water after each.

The night of June 27 was the quietest the patient had had, and he slept with comparative naturalness. On the morning of the 28th he felt better, but could only swallow milk and toast-water a little at a time. If he tried to take an



ordinary swallow of anything it would go up posterior nares and run out of his eyes.

On June 29 the crisis was reached and safely passed and there was a well-defined change for the better. Up to this point local treatment had been severe, but it *seemed inevitable that the attack must end fatally. There had been no hope of anything else.* The rally now was slow but sure. Appetite began to return, all the symptoms favorable, and medicine was therefore administered at longer intervals.

The nourishment taken during the progress of the disease consisted of milk, ice cream, liquid extract of beef, a little broth occasionally, and Carnrick's soluble food. Toast-water lemonade as before was the staple drink. Milk punch was tried but caused nausea. Port wine and coca wine were relished and taken quite regularly in small quantities.

The patient was bathed every morning from the beginning with sedative water consisting of 23 teaspoonful Ditman's sea-salt to a quart of water, add 1½ oz. spirit of camphor, 1½ oz. aqua ammon. *well shaken* before using, hot, warm or cold, and dilute with more water if found too strong, or common whiskey instead. (This is also one of the most useful preparations on flannel compresses covered by gum cloth, in cases of pneumonia, pleurisy and abdominal ailments.)

On July 5 the last trace of false membrane had disappeared from the throat. Large quantities of phlegm were raised, the disposition to make the effort being constant. It was, as yet, impossible to swallow solids, even a bit of bread soaked in cocoa. The nourishment that was taken did not seem to assimilate. There was a feeling of fullness in the stomach and some nausea, for which he took lactopeptine and Reed & Carnrick's peptonoids. Phillip's phospho-muriate of quinine, containing likewise small fraction of strychnine, was given as a tonic.

His bowels being constipated, and objecting to being disturbed by rectal injections, his mother asked permission to give him two of Topliff's pavara pills, so highly recommended by our veteran colleague, Dr. Lewis Hallock, for such purposes with good results following.

On July 7 the patient began to eat naturally again, taking for breakfast cut-up peaches, a poached egg with milk toast, and a cup of cocoa. He was dressed for the first time and sat up part of the day. The following forenoon he had an attack of vomiting, and complained of pains in the stomach and abdomen upon breathing or moving caused, no doubt, by over-eating, as well as over-taxing his strength. After causing his bowels to move relief was afforded, and tinct. nux. vom. and cypripedium were given to correct gastric derangement.

On the 9th he went down stairs to lunch. On the 11th he bathed himself with sedative water

before breakfast and went down stairs to meals. On the 12th he was out for the first time and walked about half a mile.

At this point there was still a good deal of difficulty in swallowing solids and he talked very thick. He had a scraped feeling low down in his throat. A spray of tinct. krameria, three parts with one of glycerine, used twice a day, and Phillip's preparation with the strychnine continued. When lying down he felt a sharp pain going through chest, stomach and bowels upon turning or drawing a long breath, for which bryonia tinct. in water was given. A day or two later his sight began to be affected and he could only read by holding his book at arm's length. Prescribed trituration of calabar bean 1-100 and strychnia as before. He was tired and drowsy all the time and had a constant tickling in his throat. On July 19 he began to feel a sensation of numbness around his mouth. He took longer walks daily and continued generally to improve, with such fluctuations as have been mentioned, until July 26, when he seemed to have taken a cold. His cough increased and was now severe. The numbness had extended to the face, head, back, hands and arms. He was troubled with nausea in the morning and had feverish spells, followed by headache. He was listless, without ambition, sleepy and uncertain on his feet.

Antipyrin three doses of five grains each at three hours' intervals were given, in rotation with tinct. gelsem. five drops, followed by two drops tinct. nux vom. in a little water between the hours when awake. On the following day antipyrin was discontinued, and tinct. sanguinaria, drosera et stibium given for the cough and gelsem. et. nux as before, but at much longer intervals.

I may say that the pulse, the appearance of his tongue and temperature of his body during his illness were such as would be met with in a very grave case of this class.

After a few days of this, a general decline appeared imminent. The patient was like a decrepit old man. The numbness and pricking had extended to his legs and feet. He could scarcely move without assistance. His eyes were dim and his ears deaf. He coughed a great deal, especially at night and when eating. He could neither swallow nor articulate right. Wasted to a skeleton, he had to be waited upon like an infant and did not feel like making the slightest effort for himself. He was, in fact, in a semi-paralytic condition.

On August 2 he woke with a headache and felt sick at his stomach the moment he got on his feet, throwing up a quantity of stringy, greenish matter. Chilliness followed and then high fever, with violent, throbbing headache. After the administration of three 5 gr. doses of antipyrin this condition gradually passed away, but he did not sit up more than an hour all day.

He began to get the better of the feverishness and nausea by August 4, and on the 8th was taken to a farm-house in Dutchess County, although his legs and feet were still paralyzed to such an extent that he could not walk without assistance.

On September 16 the application of electricity was begun. The induced Faradic current from a portable battery was used, the patient resting his feet on one plate, while the other was placed at the nape of the neck for a time, and then in his hands and lastly his knees. The application was continued every night for about twenty or thirty minutes before retiring, and good effect began to be felt from it in a few days. The improvement once begun steadily continued, and at the end of October the battery was put aside, and there was what might be called a complete restoration to health.

#### HYDRASTIS, CONIUM AND PHYTOLACCA IN CANCER AND SCIRRUS OF THE BREAST.\*

By E. M. HALE, M. D., CHICAGO, ILL.

A FEW days ago I received a letter from Dr. R. Wilson Carr, of Sedalia, Mo., asking if I would give him my method of using hydrastis and conium in cancer or scirrhus of the breast. I take this opportunity of stating my method.

(1) I always use the mother tincture.

(2) I give five drops at a dose, three or four times daily; sometimes I alternate them, hydrastis before and conium after meals. In three successful cases I mixed the tincture, equal parts, giving ten drops three times a day.

(3) The indications are as follows: hydrastis when the tumors are hard and painful.

Conium where they are rather small, hard and painless.

(Phytolacca  $\emptyset$  is better than either when the swelling is soft, or nodulated, and painful on pressure, or the pains extend to the axilla.

Dose same as the others.)

(4) The medicine should be continued for months. It requires a long time to make a decided impression on hard tumors. Neither medicine will do good in open cancer.

(5) A writer in the *Advance* attempts to ridicule the *mixing* of two medicines, asserting that the mixture will produce symptoms differing from either.

This I assert to be impossible. It can not be proved. That dogma is based on prejudice and on ignorance of chemistry.

(6) I am sure the arrest of growth and final disappearance of those growths are hastened by the application of a plaster, in which is incorporated one or more of the above medicines. The plaster should fit the mamma closely.

\* The New Remedies.

**Rhubarb as a Cause of Hematuria.**—It is well known (*Hosp. Gazette*) that the ingestion of rhubarb, celery, and sundry other edible vegetables conduces to the elimination of oxalates in the urine, but the fact has not had any importance other than a physiological curiosity. It is, however, possible that the passage along the genito-urinary canal of these prickly crystals may, in certain persons, determine serious irritation, even running on to hematuria. Such, at least, is the conclusion of a correspondent who remarked on three occasions that more or less violent attacks of hematuria followed a meal comprising stewed rhubarb, in his son. The family was a gouty one, and this may account for the abnormal irritability of the kidney, for hematuria is, fortunately, not a usual, or even a common sequel to a feast off rhubarb.

**Is Removal of the Tonsils Dangerous?**—Removal of the tonsils by the bistoury or guillotine is a popular operation in this country (*British Medical Journal*). The French are less partial to it, and MM. Quenu and Lucas-Champonnière has recently dwelt on its dangers at the Paris Société de Chirurgie. The latter surgeon referred to two cases in Broca's practice where profuse hemorrhage followed removal of the tonsils, and also to one in his own experience. There can be no doubt that hypertrophy of the tonsils requires active treatment, especially in youth; the evil consequences of neglect are well known. In the majority of cases the risk of dangerous hemorrhage is very slight, but the possibility of its occurrence should always be borne in mind, and the use of ice or a styptic gargle should be enforced as a measure of precaution immediately after the operation.

**Indications for the Use of Glycerin Injections and Suppositories.**—According to Dr. Polubinski (*Deutsche Med. Zeit.*, June 19, 1890), the cases in which glycerin enemata and suppositories are indicated are: First, when the fecal masses are already in the rectum; second, when they are in the part of the large intestine immediately above, as occurs so often in lying-in women; third, in diseases or physiological conditions which produce mechanical pressure on the rectum or sigmoid flexure, such, for example, as new formations in the pelvis, pregnancy, etc.; fourth, in scrofulous children; fifth, in persons who, although they may daily succeed in having evacuations of the bowels, yet only accomplish the act of defecation with difficulty and pain, and in whom in general the feces are of excessive density.

**A Piliferous Vaccine Vesicle.**—The *London Medical Times* says: Under this designation M. Paul Diday relates (*Lyon Médical*) a curious case which came under his notice. Four months ago a fine healthy girl, 11½ months old, was vaccinated with some animal vaccine virus which had been forwarded in glasses by the agency of the Lyons municipality. The inoculation was made by two punctures on the anterior part of each thigh. Fine pustules which were produced ran the usual course, and no lymph was taken from them. All went on well, until sixty days afterwards it was observed around the cicatrices, then recently formed, that a coronet of hairs had sprung up, which at first thin and bony, soon increased in length, substance and color. So they continued without any tendency to fall or decrease, and when M. Diday saw them four months after the vaccination, they offered the curious spectacle of double and triple uninterrupted ranges of hairs surrounding each of the still reddened cicatrices, from six to eight millimetres in length. In color they resembled those of a red cow, contrasting with the child's smooth and delicate skin. On examining the plates between which the lymph had arrived, three or four small hairs were discovered adhering to them.

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## THE LUNACY LAW.

IF THE interpretation of the law upon which the recent orders of the Commission of Lunacy have been predicated is correct, so much the worse for the law, and we presume there will be hardly a dissenting voice in the medical profession of any school or among unprejudiced voters anywhere in the State in the demand for its repeal or amendment. The plan of removing all the pauper insane from county alms-houses to State hospitals making them wards of the State, if wisely carried out, will undoubtedly be productive of great good. The patients can be better cared for in these large institutions, their cases more carefully studied and a more scientific line of treatment carried out than would be possible in a county alms-house, where too often they are not only badly fed and housed, but medical treatment in a great measure neglected. Some of these cases, with the facilities of a large State institution for proper food, pure air and general treatment, may possibly be restored to health and the lives of all made more comfortable. But this radical change in the care of the insane, unless brought about gradually and only after sufficient preparation, unjustly discriminates in favor of the often incurable pauper against the acute and curative cases of the wealthy and those in moderate circumstances, who have been accustomed to send their sick to State hospitals. It is true private asylums are open, but the prices are vastly in excess of what persons in moderate circumstances can afford to pay, and no private asylum can compete with the State in those

appliances so essential in the successful treatment of the insane. While the State takes its paupers under its protecting wing as its wards, is it wise, is it just, to close the doors of its hospitals to all unless they come in the garb of poverty with the pauper stamp upon them, shutting out from benefits those whose money has built the hospitals and who by their taxes are expected to maintain them? Under the present management of the State hospitals the poor share the benefits from the profits derived from the care of the rich, in a diet, in medical treatment and in comfortable rooms, which it would be impossible to give at the prices provided by the State, therefore augmenting the chances of cure tenfold. As every dollar derived from the patients is expended in the institution, the cutting off of pay patients not only throws the whole expense of maintaining the hospital upon the State, but transforms institutions, from hospitals where all the appliances of science in diet, amusements, well directed labor, exercises, medical treatment and careful nursing are utilized to cure the patients, to vast alms-houses so filled with incurables that over the portals might well be written: "They who enter here leave hope behind."

It certainly can not be the intention of the great State of New York to turn these magnificent institutions, which have done and are capable of doing so much good, into vast alms-houses where paupers, living upon pauper diet, may drag out the almost hopeless years of age unless nature, without the aid of art or science, may bring relief. Of course the insane poor must be provided for, but while the State provides a house of refuge for those who too often have reached their position through vice and crime, let it also provide a house of refuge for all those mental wrecks and ruins who need the protecting care, the constant oversight, and those wise adaptations of means to ends which can not be had at home, more especially as the money poured into the treasury from the latter sources, while it diminishes the expense of the pauper portion of the family to the State, increases tenfold their chances of cure and the possibilities of their returning to their homes.

We must not for a moment forget that the functions of the Commissioners in Lunacy are purely executive; that they are not law-makers, but simply executors of the law as it stands upon the statute books, and while they would naturally use as little harshness as possible in carrying out the provisions of the law, resembling elastic and tempered steel in meeting certain conditions rather than stiff and unyielding iron, still the law must be executed or they themselves will be liable to



punishment, and the surest way to render a bad law obnoxious is its faithful execution.

The workings of this law are so manifestly unjust to every one who has had the opportunity of observing them, that we can not suppose there will be a doubt but what the next legislature will repeal the obnoxious portions, substituting amendments which will give equal justice to all. When provision has been made by the State for the additional accommodations necessary for all the pauper poor in the respective districts, and at the same time leave ample room for all cases of insanity from every grade of life, it will be quite time enough to remove the insane from the county alms-house to the new State quarters and classify them in a way best suited for their comfort and cure. We trust the State will ever bear in mind the important fact that the first duty of its State hospitals is to cure, and when it fails in that, to make as comfortable as possible the lives of the poor unfortunates until death kindly closes their sufferings.

#### KOCH'S DISCOVERY.

THE daily papers keep us informed of the experiments and conclusions of Koch, so far as he sees fit to make them public, in his search for a cure of tuberculosis. The remedy, it is claimed, has been found and can soon be obtained ready for hypodermic use, in which way it is only administered, but at present its action is limited, being only effective in incipient phthisis, and every physician knows that tuberculosis of any internal organ is generally well grounded before medical advice is sought and the real nature of the malady discovered. Dr. Koch says that what the fluid kills is not the tubercular bacillus, but the tubercular tissue, and, therefore, it can only influence living tubercular tissue and produces no effect upon tissues already killed by the remedy. The difficulty of expelling the dead tissue which may still contain the living tubercular bacillus may be a matter of some trouble. Dr. Koch's greatest success appears to have been in those tubercular troubles of external organs, which could easily have been reached by the knife, but which, it is claimed, have been easily and effectually removed by his remedy. We have strong faith in Dr. Koch's honesty and integrity, and in his earnest and intelligent labor in the field of science. We believe he is on the right track—in fact, on the threshold of one of the greatest triumphs of medical science. It is only a matter of a few days when supplied, as we shall be, with the lymph from Dr. Koch's laboratory, we can

make our own experiments. If there is any virtue in the discovery it will be immediately utilized by American physicians, and its action intelligently watched.

It is interesting to look back along the lines of medical progress and see how theories vanish into thin air before the searching investigation of science, or crystallize into living truths. In the discoveries of Jenner, of Hahnemann, of Pasteur and of Koch, the same great principle of therapeutics seem to have been reached by different lines of investigation, but the scientific accuracy and results of each confirmed by the other. Jenner brought to the attention of the world the simple fact that the virus of kine pock introduced into the system by vaccination successfully armed it against the invasion of small-pox. The how and the why of its action might, in the explanation of the physician, be mere theory, but the great truth came out clear and unanswerable. Hahnemann showed that certain pathological conditions produced by disease were best met and controlled by agents whose toxicological action would produce a similar pathological condition to that of the disease. Pasteur and Koch have gone a step further and, in isolating the bacillus, have brought to light the distinct cause of the disease, but in formulating a remedy to check and control its ravages the scientific solution of the problem has been on the same lines and involving the same therapeutic principles as that of Jenner and Hahnemann. The how and the why may be as little understood now as in the past, theories and names may be controverted, but the principle itself within limits, which future investigation can only determine is being recognized as an established fact. And thus, as the thinkers of our profession work in the laboratory and in the great field of clinical experience, not to establish a theory but to record and compare facts, not to dictate to nature but to study and unfold its workings, the lines of thought, especially in therapeutics, are rapidly converging and our profession assuming, year by year, more the character and dignity of a science and art.

PROFESSOR KOCH, of the Berlin University, claims to have discovered a method for the cure of consumption by inoculation with attenuated tubercular bacillus, and it is said that he will make the details public for the benefit of humanity. At the same time we have the announcement of Prof. Schrotter, of Vienna, that prussic acid will cure consumption. We shall wait with interest the publication of the *modus operandi* in each case.

The Frankfort *Zeitung* affirms that the lymph used for inoculating the patients will be within the reach of all, and that it will cost only 25 marks for a small phial. The success of the treatment is certain in tubercular affections of the skin, joints and bones, and also in the early stages of pulmonary complaints.

Several authorities confirm the report of the cure by Dr. Koch's method of a case of lupus on the face and arms within five days. The lymph throws off the tuberculous tissues by the necrotic process. Inoculation with the lymph is ineffectual in syphilitic affections.

#### FLORIDA UNIVERSITY.

THE attention of the medical profession is being more and more attracted to certain portions of Florida as a knowledge of the life-giving qualities of its wonderful climate and the resources of its soil are better understood. The chosen locations in Florida are easily found where there is no malaria, where a large variety of semi-tropical fruits grow in abundance, and where the air is tempered by the winds from the Gulf and the ocean, as they sweep over the peninsula, carrying on their wings the balsamic fragrance of the pines. The air is so invigorating that even in summer a life among the pines is cooler and less debilitating than at many of our Northern watering-places. At Tarpon Springs, a peculiarly healthy locality, on the Gulf coast about thirty miles above Tampa, with excellent hotels and a large number of cottages already occupied or in process of erection, the new university of Florida is about to be erected, with a sanitarium connected with it which, with many of the cottages, may be utilized by Northern families during the winter months.

Dr. Charles E. Sajous, the distinguished editor of the *Annual of Medical Sciences*, will be the president, and the institution will include faculties of medicine, law, theology, arts, veterinary surgery and dentistry. With a climate infinitely superior to the European Riviera, with elegant hotels and cottage accommodations, and a university with an able faculty in each of its departments, Tarpon Springs must, in a short time, become a fashionable winter resort for health-seekers, not only from our own Northern States, but from Europe.

TO THE large class of students who never have an opportunity during their clinical studies of hearing the peculiar sounds arising from diseased conditions, the introduction of the phon-

ograph into the class-room will prove a great help. By it the bronchial cough, the whoop of whooping-cough, the hoarse utterances of stenosis of the larynx arising from croup or other causes, the partial paralysis of the vocal cords, the sharp cry of the hydrocephalus patient, are reproduced with the most realistic effect. Hereafter the phonograph will be as necessary in the medical lecture-room as the microscope.

#### BONE AND SKIN GRAFTING.

THE subject of bone and skin grafting has received great impetus of late. Dr. Benjamin M. Ricketts read an interesting paper on the subject at the recent meeting of the N. Y. State Medical Association in this city. Dr. Ricketts said that grafting, or dermepenthesis in the vegetable kingdom, has been developed to such an extent that there is hardly any limit to what may be done in the way of repair and production, beauty and financial gain being the greatest desiderata. While the results of grafting animal tissue are less gratifying than those of vegetable tissue, much has been done to convince us that the limit is far beyond anything yet attained. The oculists have displayed unbounded energy and exalted skill, as shown by their success in transplanting the cornea of the cat, dog and rabbit to the eyes of human beings, and of mucous membrane to the conjunctiva, for the correction of deformity as the result of eye troubles in infancy. It is now demonstrated that the nerves of lower animals may be successfully transplanted to the nerve stumps of man. Dr. Redart successfully grafted the skin of a chicken upon a child two years old. Dr. Bartens succeeded in grafting the skin of a dead man seventy years old to that of a boy fourteen years old. Dr. Walfler was equally successful in transplanting the mucous membrane of frogs, rabbits and pigeons to mucous areas in man previously occupied by cicatricial tissue, and was the first to show that mucous membranes remain so if transplanted to mucous membrane, but become skin if transplanted to skin.

I have succeeded in grafting the skin of a frog to that of a tortoise, and the skin of a tortoise to that of a frog, and also in securing the growth of a frog's skin upon the skin of a man fifty-four years old. Bone-grafting is not so far advanced, but has met the same success as skin-grafting. Enough has been accomplished to satisfy me that the day is not far distant when the long bones and ribs of the lower animals will be successfully transplanted to man for the purpose of restoring osseous structures destroyed by any cause what-

soever. I am inclined to believe that the tails of such animals as the cat, dog, opossum, etc., after being divested of the integument and soft tissue, may be transplanted with success. It may be found that the ribs of lower animals can be substituted for the small bones of the hand.

#### PREMATURE INTERMENTS.

THE following is taken from the *Times and Register*:

The Rev. John A. Mulcahy, of Waterbury, Conn., who is traveling abroad, in a recent letter home, says of the people of Munich, that "they have a great fear of being buried alive, and for that reason, when a person dies the body is placed in a receiving vault, where it is kept for four days, and, under the method now used, a sponge is placed in one of the dead persons hands, which is connected by a copper wire with a battery and alarm signal; the hand is fastened tightly around the sponge, and at the least sign of returning animation the alarm is sounded, and the sentries, some of whom are always on duty, respond at once. In the last fifty years there have been thirty-four persons resuscitated by means of precautions of this kind."

This is an appalling statement, and quite opposed to the reports of similar observations elsewhere. We remember reading about a chamber attached to a Leipsic cemetery, in which bodies were similarly laid out for several days before burial, being so connected as to ring a bell on the slightest movement. But it was added that the signal had not once been given during a period of a hundred years. It would seem that either this story or Mr. Mulcahy's must be untrue, and we fervently hope it is the latter.

DR. ORLANDO B. DOUGLAS has been elected President of the Medical Society of the County of New York. Dr. Henry D. Chapin, of the Committee on Hygiene, presented a report at the annual meeting of the society, severely condemning the condition of many public school buildings on account of overcrowding, poor ventilation, bad air, insufficient light, proximity of closets, insufficient or no wardrobe closets and uncomfortable seats. The paper was eminently practical, to the point, and its facts should be brought to the attention of the city authorities.

WE are in receipt of a private letter from a professor in a leading "regular" college, from which we extract the following, as an indication of a feeling which is rapidly gaining ground. He says:

"For the regular colleges to refuse to re-graduate those having a degree from the Hahnemann Medical College of Philadelphia, on the same terms that they will those of other regular

colleges I, for one, deem an act of folly. They ought to be glad of the opportunity of having the young men, at the very outset of their careers, discountenance creeds and adopt the methods of science. They will all go out into the world as practitioners of medicine, anyway, and it certainly seems to me best that they should be for us, rather than against us. To multiply foes where we might have friends does not look, to me, to be the part of wisdom. Hereditary class bias is a hard foe to beat, and the tactics of the diplomat are usually much more serviceable, in such warfare, than are those of the soldier. On both sides the bias can be found. To stir it up is to retard the desired consummation. How to undermine, without arousing it, is the pressing problem. Here, more certainly than elsewhere, the saying of 'much haste, little speed' is Gospel truth. And yet, the friends of the change must not relax a single effort in seeking to bring it about. Let the ship sail with the wind by tacking rather than try to force her directly against it. The course will be zigzag, not straight, but so long as the destination is safely reached why complain? To that end I am willing to do my best."

We are in receipt also of a letter from a professor in a homœopathic college which says: "To secure a final good end, more or less temporizing is necessary, beside taking into consideration the general public and our general environment. However, I believe the day will come when the profession will be educated up to the point when sectarian distinctiveness will be dropped."

Within the last few months we have conversed with a large number of recent graduates of homœopathic colleges, and every one of them has complained of the position in which they are placed by their sectarian diploma.

The graduate of a distinctively homœopathic school is sadly handicapped on many accounts, and so long as the *great majority* feel as they do in respect to sectarian designation, no change for the better can be expected.

Is it right and just toward a student to place him in a position where he may be embarrassed, particularly at a critical moment? Suppose a graduate of a homœopathic college desires to enter the U. S. army or navy, he will find himself embarrassed at the very outset! Preceptors should bear these facts in mind, when advising a student to enter a medical school!

The so-called "regular" medical schools might announce with propriety that graduates, of any Hahnemann Medical College, would be received by them upon the same terms as graduates of "regular" schools, thus offering an inducement



for sectarian colleges to drop their "homœopathic" designation!

Our "regular" friends must take hold and help to bring about this condition of affairs, in the interest of the general cause, and they can afford to do it!

WE are pleased to learn that the Cleveland Medical College is a great success from the beginning. We extract the following from a private letter respecting the subject:

"The undertaking was an arduous one, but so far success has crowned our efforts, and we have to-day on our register sixty-seven students, all of whom are in attendance and earnest in their work. The trustees and faculty believe that the Cleveland Medical College must be established on principles which recognize a broad and liberal education, which takes in the ever widening field of medical science, clinging to the great truths which have been developed and verified by experience in homœopathy, but avoiding the errors which have been foisted upon us, and retarded the adoption of these great truths by the medical profession generally.

"We have completed the purchase of land to-day, on which we hope to erect a new college building the coming year."

DR. J. W. ANDERSON publishes an article in the *Medical Age* on rhus toxicodendron, in which he says that the indications for prescribing this drug are as follows:

"Increase of pain during rest, at night when warm in bed, or first moving the parts, and on waking up in the morning; the pains are relieved by continued gentle movement, flexion of the limbs and dry heat." And he ought to have added that the pains are aggravated by damp weather, or during an approaching storm, and it is especially useful in cases dependent upon over-exertion of any character. We are pleased to see these indications appear in so-called "regular" journals, because it shows that the "regular" physician is paying more attention to the individualization of drug effects, and when he does this there will be no place for the sectarian!

THE Peoria *Medical Monthly*, in answer to a correspondent, asks the following pertinent question: "Is it fair to the profession at large for a man to advertise a specialty and then do a general practice?" The editor's reply is "that it is not proper for a man advertising a limited practice to do anything outside of that specialty, excepting in emergency." It is also argued that a man should not assume a specialty until he is able

and willing to confine himself to it. From what we learn of them about here, it is the exception to find the conduct of a specialist honorable to the general practitioner! It is better that the general practitioner should be a *specialist* in all branches of practice, then there will be less need of so-called specialists.

NO better illustration of Hahnemann's views of sectarianism—as they appear in his "Lesser Writings"—are required than may be constantly observed in the leading "homœopathic" literature of the day. See with what bitterness these men attack each other, to say nothing of their virulence toward those who dare to differ with them!

Many cases might be instanced which have occurred recently to show the venom which sectarianism arouses! We have just now been shown the correspondence in regard to the attack of Dr. Pemberton Dudley upon Dr. Samuel O. L. Potter, when the latter chose to abandon the sectarian designation some years ago, and as a matter of injustice it scarcely has its equal.

Dr. Potter is perfectly able, and probably will, defend himself in due time.

The defamatory article was written several years since, but only recently came to the eye of Dr. Potter. The subject is too complicated for us to more than give it a passing notice, and to remind our readers that it is the result of sectarianism!

Let us do our utmost to get rid of this monster, which is doing so much, as Hahnemann foresaw it would, to make men bigoted and hateful!

THE Medical Department of the John Hopkins' University is hereafter to receive to the same classes students of both sexes, the trustees having accepted the gift of \$100,000 raised by a committee of ladies. The clinical material in a city like Baltimore must be sufficient to give the Institute the very best kind of clinical cases, which the teachers will be sure to utilize to the best advantage. The University, in throwing open its doors to both sexes, has taken a step in the right direction, a step which at no distant day will be followed by all our medical colleges. Of course all physicians, male and female, will not, in active practice, run in the same groove, but will naturally fit into specialties best suited to their tastes and capacities, but the preliminary learning, the groundwork of the profession, should be along the same lines. The experience of the class-room has shown that female students acquire knowledge with as much ease and intelligence as men, and that they are quite as successful in the field of practice.

THE assumption of dignity of some of our medical institutions must to those outside the profession be exceedingly amusing. The *Polyclinic* for instance, formed and worked as an advertising medium to bring prominently before the profession and the public a certain class of young men as specialists, announce through the columns of the *Medical Record* they will admit no students except graduates of "regular" medical colleges. When asked in what manner their definition of "regular" differs from that of the State who include all as "regular" who are graduates of medical colleges holding its charter, they reply homœopathic and eclectic colleges are excluded. That the antagonism is not so much to the name as to the recognition of homœopathy among the dogmas of the medical world in teaching intended to cover therapeutics as taught by the most advanced thinkers of the day, is seen in the fact that such colleges as the Hahnemann and the Boston University, who have no distinctive sectarian name, are placed in the same category as those in which "homœopathic or eclectic" form a part of the college name. To be worthy of admission to the great advertising factory the *Polyclinic*, one must be "regular," not according to the definition of Stormouth or Webster or the State University represented by scholars and Statesmen or the State itself, but that of the *Polyclinic*. Who shall decide what is "regular" in a medical sense when Old School colleges take issue with the lexocographers of the world? A man may possess all the wisdom not only of the fathers, but the sons of medicine, but if his alma mater is not "regular," the Lord help him for the *Polyclinic* wont. The outside public looking on are reminded of the tramp husband and wife, both full as a tick, who had entered a barn and clambered onto the hay mow for a night's rest. "Come up to the head, Bettie, dear," said the husband, "and where is the head, Jimmie, dear," said the wife, and each failing to solve the question dropped to sleep. And so pending the solution of what is "regular" we bid the *Polyclinic* for the present, farewell, and if, forever, still fare well.

THE old proverb that "curses like chickens come home to roost," was very pleasantly illustrated in the recent election. Mr. Goff and Mr. Delancy Nicoll had both filled the position of Assistant District-Attorney and both were candidates for the office of District-Attorney. Mr. Goff had stated in court in the Flack trial "that you can get family physicians to make affidavits to almost anything; they will even make a man

insane when they want to. The family physician can be made to swear to anything;" of course the medical profession smiled and took the utterance in a purely Pickwickian sense, but when the occasion occurred of giving the joker a good turn they quietly pasted over the name of Mr. Goff that of Mr. Nicoll, and put the ballot thus amended for District-Attorney into the ballot-box. The conundrum now is whether Mr. Goff thinks his little joke was worth the several hundred votes it cost him.

THE new Hahnemann Hospital building was opened in Philadelphia in Oct. 21, 1890, and it is a great credit to those who have been instrumental in its erection. This hospital will prove an important aid to the clinical teachers in Hahnemann College which adjoins. It must be an especial satisfaction to Drs. A. R. Thomas and John E. James to look upon the consummation of their tremendous efforts and sacrifices!

It is said that \$345,834 have been raised for these institutions during the past eight years.

The new building has rooms entirely separate from the charity wards, where physicians who may desire can treat their private cases.

THE State Commission in Lunacy have ordered that all insane patients may be permitted to write to some relative or friend once in two weeks. All letters obscene, profane, or too incoherent to be understood may be detained, but must be forwarded directly to the Commission. All letters addressed to the Governor, Attorney-General, District-Attorney or the State Commission must be forwarded at once without examination. No patient may be paroled for longer than thirty days, and if the patient does not return in that time, or if he escapes and is gone longer than thirty days, he can only be readmitted by a new medical certificate of lunacy, the cost of which, except in private institutions, to be borne by the hospital.

L'ECONOMISTE FRANCAIS, Paris, Sept. 27, says in reference to the action of the tariff on the exportation of French wines that statistics show that the cultivation of the vine and the manufacture of superior wines are making great progress in America, and consequently while America is now receiving less wine from Europe she is gradually exporting more. It is only within the past generation that wines of any amount have been produced in this country, and yet the industry has grown so rapidly that within another generation we shall not only be entirely independent of foreign countries for our wine sup-

ply, except some rare and peculiar vintages, but able to put it down at low rates at every port in the world. Our clarets, ports and some grades of white wines, except some of the older and choice vintages, are rapidly crowding from our tables the more costly and less pure European wines. Almost all physicians in this country to-day recommend for the sick-room our own native port on account of its greater purity and medicinal quality. Perhaps a hundred years in the future we may find soil sterile enough to produce a superior quality of Rhine wine, but till that time we can afford to export it from Germany.

**D**R. VON KLEIN finds from over a hundred cases that morphine administered by the nostrils is more prompt in its action than by the mouth or hypodermically and without the physiological disturbance. The powder is divided into two equal parts, placed upon the end of the thumb and drawn up into the nostril. The absorption is almost instantaneous.

**T**HE October number of the *American Journal of Insanity* contains some comments upon the New York State Commission in Lunacy, which, if not emanating directly therefrom, expresses very accurately the views of that body. After quoting from the recent order of the Commission forbidding the reception of private patients in the State hospitals for the insane, the following comment appears: "The statute provides for the admission of private patients to the State asylums under a special agreement 'when-ever there are vacancies,' and as that contingency is remote under existing conditions of pressure, all non-paupers must, for the present at least, either go elsewhere, or pocket pride in the procurement of a public order."

Without passing upon the character of the suggestion, or the legality of the act itself, by which a citizen who possesses means sufficient for his maintenance is allowed to be supported at public charge, we wish to call attention to this strange and unique interpretation of the statute by the New York State Commission in Lunacy. This interpretation is, in effect, as follows: "The State of New York denies a certain right (viz., admission to the State hospitals) to an individual who appears in his true character as a self-supporting citizen, but will grant him the same right if he will 'pocket pride' and masquerade as a pauper." Such a proposition needs only to be stated to have its absurdity made manifest. The Commonwealth of New York never intended, nor

will long tolerate, such a travesty upon justice. For assuredly it is nothing less, when respectable and upright citizens are compelled to practice deception, and, still further, incur the stigma of pauperism in order to obtain admission to State hospitals, which as property owners they have been taxed to erect.

The State Commission in Lunacy is clothed by the statute with enormous powers, in order that they may thereby accomplish a greater work for an unfortunate class. The result will be failure and disappointment if these powers are used to deny the benefits of treatment in the State hospitals to any class of citizens, particularly if the denial is based upon so erroneous an interpretation of law as that referred to above.

### BIBLIOGRAPHICAL.

**ESSENTIALS OF MINOR SURGERY AND BANDAGING**, with an Appendix on Venereal Diseases. Arranged in the Form of Questions and Answers. Prepared Especially for Students of Medicine. By Edward Martin, A. M., M. D., Instructor in Operative Surgery, University of Pennsylvania; Surgeon to the Howard Hospital; Assistant Surgeon to the University Hospital; Author of "Essentials of Surgery," etc., etc. Illustrated. Philadelphia: W. B. Saunders, 1890; pp. 166.

This little volume is number twelve in "Saunders' Question-Compends," and as we believe and hope, will form the basis of medical teaching of the future. Class recitation with clinical lectures, will doubtless constitute the course in medicine before long, and the compend may be the textbook or primer for use in this connection.

**A COMPEND OF SURGERY FOR STUDENTS AND PHYSICIANS.** By Orville Horwitz, B. S., M. D., Demonstrator of Anatomy in Jefferson Medical College; Chief of the Out-Door Surgical Department of Jefferson Medical College Hospital, and late Resident-Surgeon of the Pennsylvania Hospital, Philadelphia. Fourth Edition, Thoroughly Revised, Enlarged and Improved, with One Hundred and Thirty-six Illustrations and Eighty-four Formulas. Philadelphia: P. Blakiston, Son & Co., 1888, pp. 210, 12mo.

The student in this branch can make no mistake in possessing this book, as he will find it concise, practical and abreast the times. The general practitioner too will find it a useful book of reference.

**THE PHARMACOLOGY OF THE NEWER MATERIA MEDICA.** Embracing the Botany, Chemistry, Pharmacy and Therapeutics of New Remedies. Issued in monthly parts at twenty-five cents each, or \$3 in advance for the whole work of about 1,200 pp. Octavo.

This work should be in the library of every physician, regardless of School, for it may be of service to all. It is the results of the collective investigation of new remedies, under the "Working Bulletin" system, properly arranged, classified and indexed. Seven parts have been already issued and it is expected that there will be from twelve to fifteen parts, making a volume of some twelve hundred pages. When the subscription price is paid in advance, the subscriber is entitled to receive in exchange for his unbound copies a complete cloth bound volume.



Our readers may see from the following list the importance of the work so far as it has gone, but it only includes a few of the more prominent drugs of which it treats.

A most exhaustive treatise on cocaine in surgical and medical therapeutics including gynecology and obstetrics. Adonis vernalis the heart tonic, arbor vitæ, berberis aquifolium, black haw, cascara sagrada, cedron, condurango, damiana, and a host of others.

The work has been done by most competent hands, and is complete so far as is known to date.

We hope to take another opportunity to make a more critical analysis of some of these contents.

**THE LATIN GRAMMAR OF PHARMACY AND MEDICINE.** By D. H. Robinson, Ph. D., Professor of Latin Language and Literature, University of Kansas, with an Introduction by L. E. Sayre, Ph. G., Professor of Pharmacy in, and Dean of, Department of Pharmacy, University of Kansas. Philadelphia: P. Blakiston, Son & Co., 1890, pp. 271, 8vo.

A most excellent, practical book, and it seems strange that nothing of the kind has been issued before. Sixty-two pages are devoted to "Latin-English Vocabulary," which will be found convenient for reference by all who have occasion to use it. Students in pharmacy and in medicine will find the book just what they need.

**TRANSACTIONS OF THE TEXAS STATE MEDICAL ASSOCIATION.** Twenty-second Annual Session, held at Fort Worth, Texas, April, 1890.

The papers printed in this volume are too valuable to be entombed in this way, much more good would be done by publishing them in journals where they would have a wider reading. However, the volume as a whole shows ambition and enterprise on the part of the members of the society.

**A COMPEND OF HUMAN ANATOMY, INCLUDING THE ANATOMY OF THE VISCERA.** By Samuel O. L. Potter, M. A., M. D., Professor of Theory and Practice of Medicine in the Cooper Medical College, San Francisco; Author of "A Handbook of Materia Medica, Pharmacy and Therapeutics," "An Index of Comparative Therapeutics," "A Compend of Materia Medica," and of the Lea Prize Essay of Jefferson Medical College, on "Dyslalia, a Study of Speech and its Defects;" late A. A. Surgeon, U. S. Army. Fifth Edition, Revised and Enlarged, with One Hundred and Seventeen Wood Engravings; also an Appendix Containing Numerous Tables and Sixteen Lithographic Plates of the Nerves and Arteries. Philadelphia: P. Blackiston, Son & Co., 1890, pp. 315, 12mo.

This book is too well-known to require any further notice than to call attention to the fact that the present edition contains forty-three additional pages devoted to an original and complete set of tables and plates of the arteries, the cranial and spinal nerves and plexuses, and the sympathetic nervous system. Certainly no student can afford to be without it and the general practitioner will find it of great service for reference.

**THE MEDICAL STUDENT'S MANUAL OF CHEMISTRY.** By R. A. Whithaus, A. M., M. D. Third edition. Wm. Wood & Co., 1890.

The rapid advance in the science of chemistry and the almost daily discoveries made in new combinations renders chemistry one of the most progressive of all sciences and requires frequent new editions of chemical books to keep up with the times. Prof. Whithaus ranks among the leading chemists in the world, and his work is considered everywhere as standard authority.

**POST-MORTEM. WHAT TO LOOK FOR AND HOW TO MAKE THEM.** By A. H. Newth, London. Edited, with numerous notes and additions, by F. W. Owens, M. D., formerly Demonstrator of Anatomy, Detroit College of Medicine. Cloth, 12mo; postpaid, \$1.00. The Illustrated Medical Journal Co., Publishers, Detroit, Mich.

This little book, valuable to all for the large amount of condensed information it contains, will be of especial value to the country practitioner who is seldom required to make autopsies.

**ESSENTIALS OF MODERN SURGERY AND BANDAGING, WITH AN APPENDIX ON VENEREAL DISEASES IN THE FORM OF QUESTIONS AND ANSWERS.** By Edward Martin, A. M., M. D., is No. 12 of "Saunders' Question Compend." Published by W. B. Saunders, Philadelphia.

The plan of the book is well expressed in the title-page, and is carried out with the distinctness and intelligence of an accomplished teacher.

**A SURGICAL HAND-BOOK FOR THE USE OF PRACTITIONERS AND STUDENTS.** By Francis M. Caird, M. A., F. R. C. S., and Charles Cathcart, M. B., F. R. S. C. Philadelphia: P. Blakiston, Son & Co., 1889.

In a volume which can easily be carried in the pocket, the authors have given to the profession a hand-book thoroughly in keeping with modern surgical methods. It is a volume to which every physician and surgeon would be glad to make frequent reference to refresh the memory.

**PROGRESSIVE EXERCISES IN PRACTICAL CHEMISTRY.** By Henry Leffmann, M. D., Ph. D., Professor of Chemistry in the Woman's Medical College of Pennsylvania, in the Pennsylvania College of Dental Surgery, and in the Wagner Free Institute of Science; Pathological Chemist to the Jefferson Medical College Hospital, and William Beam, M. A., Demonstrator of Chemistry in the Pennsylvania College of Dental Surgery; Associate of the Society of Public Analysts of Great Britain, Illustrated. Philadelphia: P. Blakiston, Son & Co., 1890, pp. 104, 16mo.

The student in practical chemistry will find this book not only to immensely simplify his work, but it will make his study so much more practical, understandable and easy to commit to memory. Every student should possess a copy to work by.

**A REPERTORY OF CONVULSIONS.** By E. M. Santee, M. D. New York: H. Hitchcock, M. D., 19 Broadway.

A useful book for the few who prescribe upon the class of symptoms given and call themselves Hahnemannians.

The eleventh volume of the "Index Catalogue of the Library of the Surgeon-General's Office, United States Army," extends to *Regent*. The Index places the resources of the largest medical library in the world within the reach of any investigator who wishes to consult it.

The November number of the *Annals of Surgery* (published by J. H. Chambers & Co., St. Louis, but edited by Dr. L. S. Pilcher, of Brooklyn, N. Y.), appears with a table of contents measuring up to the high standard always maintained by that journal. Dr. Kendal Franks, of Dublin, writes on the Treatment of Fibrous Strictures of the Oesophagus; Dr. Shepherd, of Montreal, and Dr. Hughes, of Los Angeles, each have contributions relating to the Surgery of the Gall Bladder. The editorial department gives a full résumé of the recent work of Bergmann on Brain Surgery, with particular stress on the Treatment of

**Meningocele.** The abstracts composing the department of Index of Surgery are unusually numerous and valuable. This journal is just closing the sixth year of its publication. From the beginning it has most perfectly reflected current surgery, and has been indispensable to every one who would keep au courant with surgical thought and progress.

THE MEDICAL NEWS VISITING-LIST FOR 1891 comes to us greatly improved over the past, and our readers will find it one of the most convenient and simple forms in which to keep their accounts.

"The Transactions of the American Climatological Association" will be published entire in the *Sanitarium*, commencing with November. The *Sanitarium* improves in general interest from month to month, always containing matter well worth reading and remembering.

No. 18 of "Saunders's Question Compend" is devoted to pharmacy. Prof. Sayre, in the form of questions and answers, unfolds the wonders of pharmacy which can only be obtained otherwise by turning the leaves of large volumes.

THE TWENTIETH ANNIVERSARY OF "THE CENTURY MAGAZINE."

The *Century Magazine* celebrates its twentieth anniversary with the November number—a number which is intended to exemplify the best that an illustrated magazine of our day can do for its innumerable readers. In the editorial on the event the editor claims for *The Century* "a sane and earnest Americanism," an Americanism "that deems the best of the Old World none too good for the New." Instead of viewing at length the literary and artistic achievements of the magazine, the editor considers it best to celebrate the astonishing progress in magazine printing during the past twenty years in an illustrated article by Theodore L. De Vinne of the De Vinne Press.

"THE PHYSICIAN'S VISITING LIST FOR 1891" has been issued by P. Blakiston, Son & Co. for its fortieth year, and the book is too well known to require more than a reminder of its issue.

## CORRESPONDENCE.

### SPECIALTIES, NOT SCHOOLS.

To the Editors of the NEW YORK MEDICAL TIMES:

C. W., in the *New England Medical Gazette* for November, announces the following as, in his opinion, "a very simple philosophical solution" of the much-discussed problem concerning "the merits of the schools and the obstacles in the way of union."

"There is," he says, "neither need nor use of a difference, or indeed of the existence of two 'schools,' but there is a necessity in the natural order of things for differences in the mode of using medicines in disease. These differences are based upon special methods: they are not schools, but specialties in therapeutics."

"What are called homœopathy and allopathy are only, and have only a right to claim to be, specialties by the side of other specialties, and the adherents of each have the indisputable right to cultivate their specialty regardless of the opinions of the other."

"Homœopathy is not a sectarian antagonist, or if it ever claimed to be it should take the advanced ground of renouncing such a position; but it should with all means at its command defend its claim to a place among specialties (methods) in therapeutics."

"It is easy to recognize different modes of studying and using drugs in disease, and it is proper, natural and of the utmost importance to science and humanity, that such methods of special use of drugs or medicines should be cultivated and developed as far as possible, in order that ultimately each may rest on its own merits based on experimental research. . . . To designate each specialty as a sect is harmless enough, but it implies that each is founded on a belief rather than upon knowledge, and hence the word sect is inappropriate."

This I think you will agree with me in regarding as a most excellent suggestion—but why should its scope be restricted to differences between the schools? Ought we not to allay the dissensions in our own ranks before seeking to place ourselves upon a platform of harmony with the profession at large? If homœopathy, as the term is usually understood, is only "a specialty in therapeutics," then certainly high potency homœopathy is a specialty by its side (or, if you please, a sub-specialty), whose adherents, in proportion to their success, are entitled not merely to toleration, but to equal recognition and respect, "regardless of the opinions of those of the other." A Lippe in this department should rank with a Lawson Tait in another. Is C. W. prepared to admit this as a corollary to his argument? E. D. N.

## OBITUARY.

DR. WILLIAM A. M. CULBERT died at his residence in Newburgh, November 10th, aged sixty-eight years. Dr. Culbert was a graduate of both the Academic and Medical Department of the University of the City of New York, and pursued a post-graduate course in the former, after receiving his degree of B. A., and entered the latter from the office of his preceptor, Dr. Valentine Mott, then the most noted surgeon in the world and Professor of Surgery in the University. Dr. Culbert, early in his professional life, espoused the principles of homœopathy and settled in practice in Newburgh, where he remained until his death. Carefully educated, possessed of an unusual clear and logical mind, fully alive to every advance in his profession and allowing no one dogma to fetter his judgment, a physician in the broadest sense of the term, ever true to the interests of his patients, Dr. Culbert soon won and maintained to the time of his death the reputation of an accurate diagnostician, an independent thinker and an unusually practical and successful prescriber. The tried friend and the successful physician, who has passed to his higher life, has left a vacancy in the hearts of a host of friends and in the ranks of his profession it will be hard to fill.

The death of GEN. JACOB W. HOYSRADT, of Hudson, New York, at the age of sixty-six years, removes from the active work of a busy life a soldier, a statesman and a christian, who has not only filled every position of trust to which he has been called by the confidence of his fellow-citizens, with a purity of purpose and with a zeal for the right which has placed his name above calumny or reproach, but has moved quietly and unostentatiously about his daily work, the friend of the poor, the loved and trusted counselor of the young and the wise adviser and worker in business enterprises for the good of humanity. Others may speak of his business qualities, of his wisdom in the council chamber, and in boards of directors, but to us his sensitive nature, his purity of spirit, his heart quick to respond to the faintest call of help from the wrecks of sin and crime, and his discriminating word in dealing with those who, standing on the threshold of crime, might but for his aid become outcasts of society, marked him as a philanthropist whose soul ever vibrated to that spirit of brotherly love which is the key note of his master work and the tri-

umph of his cause. As generations pass by in the ceaseless flow of the tide of life, name and deeds may be forgotten, but the spirit of love of humanity which was a part of the life of our friend who has obeyed the master's call to come up higher, lives and will ever live in that institution, the Woman's House of Refuge, in Hudson, which owes more than can be told to his wisdom. That institution, so long as its strong, clear light shines out over what might be the wrecks of sin and crime drawing the sinking to its fold will be a living monument to JACOB HOYSRADT.

PROF. HENRY JACOB BIGELOW, M. D., LL. D., died October 31, at the age of seventy-two. Prof. Bigelow was one of the most eminent men in his branch of the profession, for a long time Surgeon to the Massachusetts General Hospital, and for twenty years Professor of Surgery in Harvard Medical School. His observations on the subject of the mechanism of dislocations of the thigh are well-known to the profession and have been of great service, and his methods are universally practiced. Prof. Bigelow was a man universally respected as a man and a scholar.

DR. GEORGE E. BELCHER, one of the pioneers of homœopathy in this city, died at his residence, No. 30 East Fifty-fourth Street, November 1st, of paralysis of the heart, in the seventy-third year of his age. Dr. Belcher studied medicine in the office of his father, who was an esteemed physician in this city and graduated at the University of the City of New York and at the College of Physicians and Surgeons. During almost the entire time of his fifty-two years of practice his affiliations were with the Homœopathic School, yet, like many of his associates, he eagerly culled from the literature and experience of all schools facts to aid him in his life-work. Dr. Belcher was respected as a citizen, esteemed by his colleagues for his gentlemanly deportment to all, for his sound wisdom and ripe judgment, and beloved by a large clientele to whom he had been the wise, the sympathizing and faithful physician. The Medical Board of Ward's Island Hospital, of which Dr. Belcher was a consulting physician, at its monthly meeting, November 6th, entered upon its minutes appropriate resolutions in memory of their departed colleague.

## TRANSLATIONS, GLEANINGS, ETC.

### RETROSPECTIVE THERAPEUTICS.

BY ALFRED K. HILLS.

**Jaborandi.**—When a dose of the infusion of pilocarpine, says Dr. Wm. Murrell (*Hosp. Gaz.*, June 21), is given to an adult under favorable circumstances, the face, ears and neck become in a few minutes deeply flushed—although the flushing is never so intense as with nitrite of amyl—and soon drops of perspiration break out all over the body, whilst at the same time the mouth waters. The perspiration rapidly increases, the sweat running down the body and soaking the clothes, whilst the salivation becomes so profuse that the saliva pours from the mouth in an almost continuous stream. Jaborandi promotes other secretions, as the lachrymal, nasal, bronchial and intestinal, although to a far less extent than the salivary and cutaneous. The eyes water, there is a little running at the nose, and, perhaps, a loose cough. Nausea and vomiting may occur, but they are rarely distressing, and may be obviated by directing the patient not to swallow the saliva, but to expectorate it. Sometimes there is a little depression, due to the nausea, but it is transitory. It is often said that jaborandi is a diuretic, but such is not the case;

it is true that after the administration of a full dose the patient experiences a desire to pass water, but this is due to contraction of the bladder and not to increased action of the kidneys. The proof of this is that the amount of urine voided is very small, often amounting to only one or two ounces. Jaborandi tends rather to diminish the amount of urine secreted in consequence of its diaphoretic action, and certainly is not a diuretic. It has been stated that jaborandi relaxes the bowels, but this is rarely observed. There is not unfrequently a little frontal headache, but this soon passes off and the patient becomes drowsy and falls comfortably asleep. After a full dose the sight is a little dim, due possibly to the lachrymation, but there is no alteration in the size of the pupil. It is probable, judging from the analogous action on the salivary glands, that jaborandi stimulates the pancreas, and it is known that it increases the flow of milk. Pilicier noted in a dog with gastric fistula an augmentation of the gastric juice, and Rutherford's experiments have demonstrated that jaborandi is a feeble hepatic stimulant.

Occasionally there is little or no perspiration, and more frequently salivation is absent, but when the drug fails to produce sweating it acts more powerfully on the salivary apparatus, and vice versa. In a series of experiments (Ringer and Murrell) made on out-patients, it was shown that out of sixty-eight cases both perspiration and salivation occurred in fifty-nine; in five there was perspiration without salivation; and in four there was salivation without perspiration. In by far the greater number of cases both perspiration and salivation were profuse, but sometimes the perspiration or salivation, or both, were slight. When administered on a full stomach the drug is more slowly absorbed and the effects are less constant.

The sweat produced by a single dose of jaborandi or pilocarpine is often enormous in quantity, amounting not unfrequently to half a pint or more. Usually the chlorides are in excess, the carbonates and phosphates are present in very minute quantities, whilst the urea exists in more than five times the normal proportion, the amount eliminated in a single sweating ranging from ten to fifteen grains. Pilocarpine produces sweating by its action on the peripheral nerve apparatus, and not by any influence on the sweat-centers in the cord.

The saliva secreted may measure a pint or even a pint and a half. The salivation is the result of a direct action on the salivary gland itself or on its nerve peripheries, and is produced even after section of all the salivary nerves. In large doses it paralyses the ends of the secretory nerves, so that irritation of the chorda tympani no longer gives rise to secretion.

The influence on the temperature is slight, and there is commonly a slight fall due to the loss of heat by evaporation.

There is generally a quickening of the pulse amounting to forty or fifty beats in the minute, accompanied by a slight falling-off in strength.

The flushing of the face is due to dilatation of the arterioles, which may account for the increased rapidity of the heart's action. In frogs the heart is not quickened, but is slowed, and is ultimately arrested in diastole, probably by stimulation of the intra-cardiac inhibitory apparatus.

Locally applied it produces contraction of the pupil and tension of the accommodative apparatus with approximation of the nearest and farthest points of distinct vision and amblyomic impairment from diminished sensibility of the retina. Pilocarpine is now frequently employed as a substitute for eserine.

Jaborandi affects children far less powerfully than it does adults. Compare this with the susceptibility of children to opium and their insusceptibility to the action of belladonna, atropine and the other mydriatic alkaloids.

A marked antagonism exists between atropine and pilo-



carpine: Atropine dilates the pupil, pilocarpine contracts it. Atropine dries the skin and mouth, whilst pilocarpine induces perspiration and salivation. A hypodermic injection of a hundredth of a grain of sulphate of atropine will immediately arrest the salivation and perspiration induced by jaborandi or pilocarpine. The antagonism may also be demonstrated on the frog's heart. The animal having been pithed and the heart exposed, the application of a few drops of a solution of pilocarpine first retards its action and then arrests it in diastole. If now a drop or two of atropine be applied, the heart almost immediately commences beating, and continues to do so with unabated vigor. It is noteworthy that in man there is in some respects not only no antagonism, but the symptoms produced are similar. They both produce flushing of the face, frontal headache and a desire to urinate. Atropine checks not only the antagonistic effects of pilocarpine, but also those symptoms which are common to both. Atropine is a much more powerful alkaloid than pilocarpine, and is more markedly antagonistic to pilocarpine than pilocarpine is to atropine. It will be remembered that both drugs act less powerfully on children than on adults.

Hyoscyamus and hyoscyamine also antagonize the action of jaborandi and pilocarpine.

**The Galvanic Current as a Laxative.**—Dr. John V. Shoemaker (*Jour. Am. Med. Assoc.*) relates a discovery to the effect that a galvanic current, appropriately applied, serves as a laxative, and suggests that it may be found of paramount value in chronic constipation, thus affording another means of avoiding the use of purgative and laxative drugs, often objectionable and unsatisfactory. Whilst treating the prostate with the galvanic current—cathode in the rectum, anode over the perineum—he accidentally discovered that the application for about two minutes of a mild current produced a desire to go to stool. He says that the strength of the current should be about one milliampère, so that the patient will feel at first as if no current at all were passing.

In the course of fifteen or twenty seconds, the rectal electrode will begin to warm to the point of painless tolerance.

In about two minutes the average patient can generally be affected to the degree of securing an easy passage.

The current, he says, seems to act both by stimulating the discharge of the rectal mucous membrane, and by dilating the sphincter ani; for, if the positive pole at the perineum is quickly removed, the sphincter forcibly contracts; reversing the pole gives no such result; indeed, just the opposite, for, at the moment of applying the negative pole to the perineum, the sphincter ani contracts, remaining quiescent on removal.

**Antipyrin in Menstrual Colic.**—Antipyrin has, of late, been given in cases of uterine colic and cramps, occurring during menstruation, with excellent results. The drug is administered in the form of a clysm in a single thirty-grain dose. The sedative action is observed in about half an hour; in some cases a repetition of the dose is called for in twelve hours. Dr. Windelschmidt (*M. Med. Woch.*, August 20, 1889) has used this treatment in a number of cases, and always with satisfactory results. Usually a slight hypnotic action seemed to be also exerted by the drug. Other unpleasant accompanying circumstances, aside from sweating and slight diarrhoea ischuria, were not observed.

**Venesection a Remedy in Chlorosis.**—Dr. Wilhelm (*Therap. Monatsch.*, February, 1890.) has obtained surprising results in chlorosis by the withdrawal of small amounts of blood by venesection. There follows not only an improvement of the general subjective condition of the patient, but also in the general appearance, with a more or less considerable increase of body-weight.

[A writer in the *N. A. Jour. of Hom.* says that the success of this procedure is explainable in just the same way

as the results of medication according to the law of similars. The blood-making organs were diseased; the withdrawal of blood mechanically stimulated the vital powers of the organs to increased activity, and under this newly-aroused activity the diseased condition of those organs disappeared.]

**Aristol for Epithelioma.**—One of the most interesting and most recent communications respecting the action of aristol is that of Dr. Brocq, in the *Bul. Et. Mem. De La Soc. Méd. des Hôpitaux*, May 1, 1890 (*Med. and Surg. Reporter*). Dr. Brocq presented to the society a patient who had suffered with an intractable ulcerating epithelioma for a period of about twelve years, and in that time it had progressed from bad to worse, in spite of every effort that had been made to restrict its advances. When Dr. Brocq first saw the patient, he thought that nothing but a surgical operation could be of any use, and sent him to Dr. Championiere, who sent him back, stating that nothing could be done for him. Out of mere pity, Dr. Brocq then took him into the hospital and began treating him. He used concentrated solution of chlorate of potash; then powdered potash; and then, on account of the painfulness of these applications, he used an ointment of resorcin with one-tenth part of chlorate of potash. He then curetted superficially the edge of the ulcer, and in this way obtained a slight amelioration, but nothing satisfactory.

After this he decided to try the effect of aristol, which he had recently used with satisfactory results in another case. He made the first application on April 5. The result was almost immediate. In five or six days cicatrization was going on with great rapidity. On April 23, when the patient was presented to the society, twenty days after the treatment had been begun, Dr. Brocq was very confident that within a very few days the whole would be closed up.

This result of the action of aristol seemed to Dr. Brocq very remarkable, and decidedly superior to that which is ordinarily secured by topical applications in superficial ulcerating epithelioma. Aristol has an advantage over chlorate of potash in being entirely painless.

Brocq remarks, in regard to the action of aristol, that it may be expected to do good in superficial ulcerations, but not in deep ones. It is not a cauterant, and has not such an affinity for diseased tissue as some other substances have; in superficial ulcerations it seems to have a very remarkable curative power, producing cicatrization more rapidly than anything else with which he is familiar.

**Coca as an Antidote to the Opium Habit.**—The South American remedy, coca, besides being a valuable tonic in all cases of general muscular exhaustion, has been found of great service as an antidote to the opium habit. It has been known to entirely cure a patient who was in the habit of consuming thirty grains of morphine daily. Whenever the craving for opium is felt a tablespoonful of the fluid extract of coca should be given, and this can be repeated several times a day. The drug imparts increased vigor to the muscles, accelerates the circulation and strengthens the nerves, thus overcoming all the conditions which cause a craving for opium in those who have been accustomed to use it.

**Veratrum and Gelsemium in Puerperal Convulsions.**—This disease, at its irruption or onset, often takes on a very formidable and malignant character, and requires prompt and decisive treatment to meet and overcome its violent and deadly power. Says Dr. Albert V. Whitney, in the *Medical Tribune* for March, 1890: No ordinary remedies, or ordinary course of medication, will answer the demand. To meet this condition and relieve and cure the patient, the combination of veratrum viride and gelsemium sempervirens—two parts of the former to one of the latter—is fully competent, and may be used freely with comparative safety and certainty of a favorable result.

I have treated seventeen cases of the worst type of this

disease successfully on this principle, all of which required large doses of medicine to be administered and repeated at short intervals till the power of the remedy became equal or superior to the power of the disease. When this point was reached, the rigidity of the system was overcome, relaxation was obtained, the high temperature of the body and the excessively high febrile pulse was reduced, and the force of the disease soon became thoroughly subdued. Being now controllable, it was soon deprived of its malignant character, the patient began to improve, and soon became convalescent.

**Hot Wet Pack in Eclampsia.**—In the *University Medical Magazine*, July, 1890, Dr. Barton C. Hirst reports two very severe cases of eclampsia occurring at the Maternity Hospital, which, though apparently beyond hope, yielded in an astonishing manner to the profuse diaphoresis following a hot wet pack, after other remedies, including venesection, had accomplished nothing.

In one case the convulsions came on in the second stage of labor; in the other after delivery. There were in both cases severe convulsions. Coma was in both instances profound, lasting, respectively, more than two and more than five hours. The ultimate recovery was in both women entirely satisfactory.

The pack was given by wringing out four blankets in hot water, surrounding each lower extremity, the trunk under the arms, and finally the trunk and arms, with the hot, moist blanket, first slipping under the patient a rubber sheet, and afterwards tucking a couple of dry blankets over the whole, the head being kept cool by clothes dipped in ice water. The sweating thus induced was profuse, and no doubt carried off the greater part of the poison in the blood, which is in these cases the prime cause of the convulsions.

**Testicular Emulsion in Old People** (*Lond. Med. Record*, June, 1890).—Dr. M. F. Pototzky, Moscow, details five highly interesting cases in which he tried hypodermic injections of Brown-Séquard's testicular fluid. In each case eight injections (alternately into the peri-trochanteric regions and the arms) were made in the course of twenty days. Pototzky arrives at the following general conclusions: (1). The emulsion undoubtedly produces a stimulating action on the heart and circulation. (2). It also possesses a diuretic property. (3). It removes constipation in virtue of its relaxing influence on the bowels. (4). It markedly improves the patient's general state. (5). Its stimulating and tonic action on the nervous system, however, surpasses all other effects. (6). It is highly probable that in young and middle-aged persons all the effects will prove still more pronounced than in old. (7). On the whole, the method fully deserves a further extensive trial. (8). The injections do not give rise to any unpleasant general or local phenomena beyond some slight and short-lasting pain at the site of the puncture. (9). In technical regards, however, the method is rather troublesome. Professor Stephen D. Kostuerin, of Kharkov (*Vratch*, Nos. 5 and 10, 1890), has been the first to introduce Brown-Séquard's method into practice in Russia. He describes eight cases (referring to seven men, aged from twenty-three to sixty-three, and one woman of sixty-five) of neurasthenia, senile prostration, tabes, etc., treated by the injections, the total number of which in individual cases varied between two and sixteen. Professor Kostuerin lays down the proposition that the injections are fully justified, and should be resorted to in all cases of failure of the general systemic nutrition, prostration, senile marasmus, and certain nervous diseases, such as tabes, etc. Dr. Fedor S. Roshtchinin (*Vratch*, No. 14, 1890), has communicated fifteen cases of senile marasmus, diabetes mellitus, neurasthenia, sexual impotence, etc., more or less successfully treated by him with the injections (a syringe-ful into this or that limb twice a week). In a diabetic gentleman of fifty-eight, with apathy and drowsiness, after four injections

the symptoms disappeared, while the proportion of sugar in his urine fell from 52.9 to 2.3 pro mille. Similarly beneficial effects were observed in another case of diabetes, referring to the author himself. The following are the main corollaries drawn by Dr. Roshtchinin from his clinical experiments: (1). The emulsion affords a powerful stimulant means which strengthens the cardiac action, improves the general systemic nutrition, increases the brain action, and restores the regularity of all functions of the organism. (2). The injections cause some local pain, lasting from a few to forty-eight hours. (3). They do not give rise to inflammation or suppuration.

**Menthol in the Vomiting of Pregnancy.**—Dr. Gottschalk recently described a case in the *Berliner Klinische Wochenschrift*, where, in a woman aged twenty-six, who had been pregnant three times, uncontrollable vomiting set in during the second month of her fourth pregnancy. Neither cocaine nor Copeman's treatment availed, and the sickness continued until abortion was induced. The patient became pregnant for the fifth time, and the vomiting returned, hematemesis taking place. A draught, consisting of menthol 1 part, rectified spirits 20 parts, and distilled water 150 parts, was prescribed by Dr. Gottschalk, and a tablespoonful given every hour. The vomiting ceased after the third dose, and pregnancy proceeded to term without any further complication. A second case was successfully treated with menthol.

**Dioscorea Villosa in Biliary Colic.**—In a letter to the *Medical Bulletin* for July, 1890, Dr. Thomas M. Woodson writes that examination of a remedy sold by a traveling irregular physician for the relief of biliary colic, which had proved to be remarkably successful for this purpose, showed that the principal constituent was *dioscorea villosa*, and on acting on this information Dr. Woodson writes that he has treated several cases of biliary colic with this remedy, and ordinarily with striking relief.

It would seem that the *dioscorea* is a valuable remedy in numerous cases of digestive troubles, and worthy of more extended use by the profession.

**The Necessary Peroxide of Hydrogen\*** (By Robert T. Morris, M. D., of New York).—Stop suppuration! That is the duty that is imposed upon us when we fail to prevent suppuration.

As the ferret hunts the rat, so does peroxide of hydrogen follow pus to its narrowest hiding-place, and the pyogenic and other microorganisms are as dead as the rat that the ferret catches, when the peroxide is through with them. Peroxide of hydrogen  $H_2O_2$  in the strong 15-volume solution is almost as harmless as water, and yet, according to the testimony of Gifford, it kills anthrax spores in a few minutes.

For preventing suppuration we have bichloride of mercury, hydronaphthol, carbolic acid, and many other antiseptics, but for stopping it abruptly and for sterilizing a suppurating wound we have only one antiseptic that is generally efficient, so far as I know, and that is the strong peroxide of hydrogen. Therefore I have qualified it, not as "good," not as "useful," but as "necessary."

In abscess of the brain, where we could not thoroughly wash the pus out of tortuous canals without injuring the tissues, the  $H_2O_2$ , injected at a superficial point, will follow the pus, and throw it out, too, in a foaming mixture. It is best to inject a small quantity, wait until foaming ceases, and repeat injections until the last one fails to bubble. Then we know that the pus cavity is chemically clean, as far as live microbes are concerned.

In appendicitis, we can open the abscess, inject peroxide of hydrogen, and so thoroughly sterilize the pus cavity that we need not fear infection of the general peritoneal

\* Read in the Section of Surgery and Anatomy, at the Forty-first Annual Meeting of the American Medical Association, held at Nashville, Tenn., May, 1890.

cavity if we wish to separate intestinal adhesions and remove the appendix vermiformis. Many a patient, who is now dead, could have been saved if peroxide of hydrogen had been thus used when he had appendicitis.

The single means at our disposal allows us to open the most extensive psoas abscess without dread of septic infection following.

In some cases of purulent conjunctivitis we can build a little wall of wax about the eye, destroy all pus with peroxide of hydrogen and cut the suppuration short. Give the patient either if the  $H_2O_2$  causes too much smarting. It is only in the eye, in the nose and in the urethra that peroxide of hydrogen will need to be preceded by cocaine (or ether) for the purpose of quieting the smarting, for it is elsewhere as bland as water.

It is possible to open a large abscess of the breast, wash it out with  $H_2O_2$ , and have recovery ensue under one antiseptic dressing, without the formation of another drop of pus.

Where cellular tissues are breaking down, and in old sinuses, we are obliged to make repeated applications of the  $H_2O_2$ , for many days, and in such cases I usually follow it with balsam of Peru, for balsam of Peru, either in fluid form or used with sterilized oakum, is a most thorough encourager of granulation.

If we apply  $H_2O_2$  on a probang to diphtheritic membranes at intervals of a few moments, they swell up like whipped cream and come away easily, leaving a clean surface. The fluid can be snuffed up into the nose, and will render a fetid oziena odorless.

It is unnecessary for me to speak of further indications for its use, because wherever there is pus we should use peroxide of hydrogen. We are all familiar with the old law, "*Ubi pus, ibi evacua*," and I would change it to read, "*Ubi pus, ibi evacua, ibi hydrogenum peroxidum infunde*." That is the rule. The exceptions which prove the rule are easily appreciated when we have them to deal with.

Peroxide of hydrogen is an unstable compound, and becomes weaker as oxygen is given off, but Marchand's 15-volume solution will retain active germicidal powers for many months if kept tightly corked in a cold place. The price of this manufacturer's preparation is about seventy-five cents per lb., and it can be obtained from any large drug store in this country. When using the  $H_2O_2$  it should not be allowed to come into contact with metals if we wish to preserve its strength, as oxygen is then given off too rapidly.

$H_2O_2$  must be used with caution about the hair if the color of the hair is a matter of importance to the patient, for this drug, under an alias, is the golden hair bleach of the *nymph's dispar*, and a dark-haired man with a canary-colored mustache is a stirring object.

The California Vintage Company of this city, complains bitterly, and as we think justly, of a fraud which is being practiced upon the wines they produce, and to which it is just that we should caution our readers against! The profession is a unit against substitution of all sorts, and it is not more important in respect to drugs than it is to that most desirable of honest products, alcohol in its various combinations.

The Company in question has changed the name of its Royal Tokay, to the "*Calvico*" Tokay, a change of which those interested should make note, and be sure to write prescriptions accordingly.

The California Vintage Company has done business in our midst now for many years, and we have yet to hear a complaint as to their products or of their methods of doing business.

We have tested their wines to a considerable extent, and we have no hesitation in saying that for home products

they have no superior. If you want California wines or brandy, be sure to indicate on your prescription those of this Company, and we are confident you will have no reason to be other than satisfied. The Company solicits correspondence with physicians.

**Administration of Chloralamid.**—Much depends upon the proper administration of the new hypnotic, chloralamid, to obtain the full effect and satisfactory and beneficial results. The dose is from fifteen to sixty grains, with an average dose of thirty grains. Chloralamid is soluble in about twenty parts of cold water, and in one and one-half parts of alcohol.

An additional caution is necessary: *Never dissolve or disperse chloralamid in hot water or warm solutions*, as the heated preparation decomposes.

The best modes of administration are:

1. In a tablespoonful of whiskey or brandy.
2. In properly proportioned solutions with wine, spirits or spirituous compounds.
3. In a small cup of cold water or cold tea.
4. In powder form, in wafers or catchets washed down with cold water.

**Magnesium Sulphate as an Enema.**—Dr. J. T. Watkins, in his inaugural thesis presented to the Gynecological Society of Chicago, after reviewing the literature, and reporting a number of cases in which the concentrated solution of magnesium sulphate as an enema had been used, sums up its advantages as follows: (1) Its action is local. (2) It seldom fails, and produces copious stools. (3) The time of action is short. (4) The bulk is small, causing but very little, if any, discomfort to the patient. (5) It is un-irritating as a simple enema. Its certainty of action has become so well recognized in the New York Woman's Hospital that it has been used in nearly all the operative cases, as the cathartic preparatory to operation, for the last six months. It is best administered with the patient in Sims' position, the hips being elevated by a pillow; and when much tenderness exists, it should be given through a large rubber catheter passed well up into the bowel. The patient is to be instructed to allow the abdominal muscles to remain lax, and, if necessary, the nurse is to keep up pressure over the anus, to cause it to be retained for at least fifteen or twenty minutes. If the bowel should fail to expel the exuded liquid, a rectal tube should be inserted to allow its escape. Two ounces have been retained, without bad results, but Christison reports a case of death in a boy ten years old, where two ounces were taken by the mouth without being followed by purging. Where it is retained, the sphincter ani is likely to be strongly contracted, and great relief will follow forcible dilatation under an anesthetic, which will also have a good effect upon the chronic constipation usually present.

The following is the formula he usually employs:

B Magnesii sulph.	℥ ii.
Glycerinæ.	℥ i.
Aque Q. S. Ad.	℥ iv. M.

A "homœopathic" medical college has been organized in Baltimore with an excellent corps of teachers, a preliminary examination, and a three years' course. We regret to see that it was not named Hahnemann, rather than "homœopathic," thus broadening its scope of work and saving the graduate from a burden which may impede his progress. It is of no use to say that this state of things ought not to exist, for we must meet things as they are, not as we would have them. Preceptors owe it to their students that they be placed in the best possible position to succeed, and this is not accomplished by branding them with a sectarian title!



## MISCELLANY.

—The death rate from cholera in Japan is alarmingly high, as two hundred and seventy-nine died out of three hundred and eighty-two cases.

—Nache & Wildermuth have found benefit in severe cases of epilepsy, where bromides have failed, in from 30 to 90 grams a day, amylene hydrate well diluted with water.

—A graduate of the N. Y. University who has had three years general hospital and maternity experience, wishes a position as assistant with some well established physician. Address, Assistant, TIMES Office.

—The average age at death of the Jews is said to be forty-nine years, while that of the Christian is but thirty-seven. This seems strange when we consider that but two per cent. of that race follow agriculture, and that the great majority of them are town dwellers. We have an explanation of their vitality in their sobriety, their domestic and personal cleanliness, the great care they bestow upon themselves and their families, as well as in their forethought and prudence.

—Dr. Charles Gatchell, has lately been distinguishing himself by convincing the city of Chicago, which was all agape over the mind-reading miracles of Alexander Johnstone, that said miracles were merely clever charlatany. Dr. Gatchell duplicated, with ease and certainty, Johnstone's most wonderful feats, explaining as he did so their modus operandi. The Chicago papers give much space and enthusiastic commendation to the exposé.

—Twenty-five thousand people die yearly from typhoid fever in the United States.

—A new innovation at funerals recently is a silk skull cap, to be worn by the minister in charge and the bearers at the grave, also by the male members of the family. The caps are put on in the carriage and the ordinary hats left there, the caps to be worn all the time at the grave. It will prevent many colds.

The clergymen of Topeka, Kansas, have passed resolutions asking that those who attend funerals retain their head-covering during the out-door exercises. Local society has approved of this move. It is hoped that the custom will be adopted everywhere.

—After a year's silence, Dr. Brown-Sequard re-affirms his belief in the therapeutic efficiency of testicular liquid. He says the liquid may be used with advantage in locomotor ataxia, paralysis, paraplegia, incontinence of urine, insomnia, etc. Old men have been strengthened and the weakly have recovered lost power.

—Stern has collected one hundred and seventeen cases of diabetes in children, and believes the disease is not rare in early life.

—Lanphear's Index mentions a case of tertiary syphilis invading the nervous centers, when 1,100 grains of iodide of potash were given daily, with asserted benefit.

—The Trustees of Jefferson Medical College of Philadelphia have declared vacant the Chair of Materia Medica, General Therapeutics and Hygiene, which for eleven years past has been occupied by Prof. Roberts Bartholow, M. D. The true reason of this transaction we are told has not yet been divulged.

—Dr. Geo. T. Stewart, chief of staff of the W. I. Hospital, reports that 612 patients were treated in the institution during October with a death-rate of 1.47 per cent. Candidates for the House staff—and there is a vacancy to fill—should address Dr. Alfred K. Hills, Secretary Med. Board, 465 Fifth Ave.

—Lady Dufferin's scheme for the employment of female physicians in the Zenanas is winning public support in India. Ten students completed their curriculum at Calcutta in April, and were made available for employment.

—Jennings, at the Société Médicale de l'Elysée, showed a patient cured of the opium habit after twenty years' addiction. The cure was effected in three weeks. The chief remedies were cardiac tonics, nitro-glycerine, cerebral galvanization and hot baths.

—Dr. Paul Gibier, Director of the Pasteur Institute of this city, announces that he has treated 610 patients, of which, 400 were charity cases. One hundred and thirty patients received anti-hydrophobic treatment and all are now in good health.

—The extent to which superstition prevails, even at the present day, says the *Times and Register*, is marvellous. Hammond relates the case of a man who consulted him for impotence, with which he believed his wife had affected him as he was setting out for a trip to New York. She had given him a peculiar glance as he left the house; he felt a thrill pass down his spine to his testicles, and thenceforth erection was impossible. If that woman will impart the secret of that "peculiar glance," there's big money for her in any town within reach of New York.

—White (*Kansas Medical Journal*) states that an excessive sensibility to light always accompanies pneumonia.

—In the controversy upon the relative merits of ether and chloroform, Bauer quotes Dr. Dalton, of the St. Louis City Hospital (*St. Louis Clinique*) as apprehending that more deaths result indirectly through ether, from pulmonary disease caused by it, than from chloroform.

—A unique form of advertising is reported. A Paris journal has engaged two eminent physicians to attend gratuitously its annual subscribers. A year's doctoring in return for a subscription to a paper—cheap!

—Professor Léon Le Fort strongly combats the idea that the air can transmit disease germs. He believes that such germs are only carried from one patient to another by contact with instruments, fingers, etc. To put his belief to a practical test, he has for some months exposed freely to the air the wounds caused by his operations, among which are included ten amputations and resections. All these and many others have healed by the first intention.

—Two American lady physicians have made a marked impression in China. One of them, who resides at Shanghai, has astonished them by her aptitude for surgery. Another lady, Dr. King, has won her way into high official circles, and it is said she has even been consulted privately by the Dowager Empress, who has had pulmonary tuberculosis.

—The *London Medical Recorder* states that methyl benzo-sulphonic acid has sweetening properties many times superior to saccharin. Like it too, the new drug has disinfectant properties.

—A medical college for Chinese has been established at Hong Kong. It is in charge of Mr. Cantlie, F. R. C. S., as Dean, and a full corps of English lecturers. About thirty students are in attendance.

—Glycerine soap contains thirty per cent. of glycerine. It may be cut into suppositories and used as an effectual substitute for glycerine.

—Ceccherelli, after many experiments, reports to the Italian Society of Surgery that laparotomy and evacuation of the fluid induces an adhesive form of peritonitis, and the tubercles become transformed into fibrous tissue. Hence he says that this operation is indicated in the ascitic variety of tubercular peritonitis but not in the dry form.